FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G67619** **(8)**

1. Corporation Name
HILLSBOROUGH PARKER REALTY CORP.

Principal Place of Business
[redacted]
US

Mailing Address
[redacted]
US

3. Date Incorporated or Qualified: 10/28/1983
3a. Date of Last Report: 02/07/1995

4. FEI Number: 59-2376192 — Applied For / Not Applicable

5. Certificate of Status Desired: XX — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: ☐ Yes XX No

2. Principal Place of Business
21 Macfarlane Ausley, et al.
c/o Vincent L.Nuccio, Jr.Esq
22 111 Madison St. #2300
City & State
23 Tampa, Florida
Zip 24 33602
Country 25 US

2a. Mailing Address
26 Macfarlane Ausley, et al.
c/o Vincent L.Nuccio, Jr.Esq.
27 111 Madison St. #2300
City & State
28 Tampa, Florida
Zip 29 33602
Country 30 US

9. Name and Address of Current Registered Agent
[redacted]

10. Name and Address of New Registered Agent
81 Name: Vincent L. Nuccio, Jr., Esquire
82 Street Address (P.O. Box Number is Not Acceptable): c/o Macfarlane Ausley Ferguson & McMullen
83 111 Madison Street #2300
84 City: Tampa FL
85 Zip Code: 33602

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The name and address of the registered agent and office accepted by the undersigned, who is familiar with, and accepts the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Vincent L. Nuccio, Jr., Esquire 04/04/96

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	AVLON, JOHN J.	
STREET ADDRESS	55 CHURCH ST.	
CITY-ST-ZIP	CHARLESTON SC	
TITLE	VD	☐ DELETE
NAME	PALMER, STEPHEN, JR	
STREET ADDRESS	160 COMMONWEALTH AVE	
CITY-ST-ZIP	BOSTON MA	
TITLE	[redacted]	XX DELETE
NAME	[redacted]	
STREET ADDRESS	[redacted]	
CITY-ST-ZIP	[redacted]	
TITLE	AS	☐ DELETE
NAME	SCHIFF,GORDON J.	
STREET ADDRESS	111 MADISON ST.,#2300	
CITY-ST-ZIP	TAMPA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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***208.75

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: Gordon J. Schiff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Gordon J. Schiff, Assistant Secretary

(813) 273-4344
Daytime Phone
SC-4-6-96

CR2E034 (12/95)