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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J70593

(5)

1. Corporation Name

HILLSBOROUGH PLAYERS, INC.

Principal Place of Business

3625 EAST HILLSBOROUGH AVENUE
TAMPA FL 33610

Mailing Address

3625 EAST HILLSBOROUGH AVENUE
TAMPA FL 33610

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

VETZEL, KIMBERLY JANE
117 NEVING DRIVE
TAMPA FL 33613

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0703, Florida Statutes.

SIGNATURE

Signature of Applicant (To be signed by the person who is the registered agent or the person who is the officer or director of the corporation)

Signature of Agent (To be signed by the person who is the registered agent or the person who is the officer or director of the corporation)

Date

12.

OFFICERS AND DIRECTORS

TITLE

PST
VETZEL, KIMBERLY JANE
117 NEVING DRIVE
TAMPA FL

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

VD
VETZEL, KIMBERLY JANE
117 NEVING DRIVE
TAMPA FL

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is true and correct and does not qualify for the exemption stated in Section 119.06(3)(a), 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, and that the officer or director empowered to execute this report and report is, Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an addition with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-96 813-237-8140

CR2E034 (12/95)