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 # **K63735** **(0)**

1. Corporation Name

HILLSBORO AUTO SALES, INC.

Principal Place of Business	Mailing Address
4407 E HILLSBOROUGH AVE TAMPA FL 33610	4407 E HILLSBOROUGH AVE TAMPA FL 33610

3. Date Incorporated or Qualified: **01/30/1989**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-2930572** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$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 ☐ No

2. Principal Place of Business	2a. Mailing Address
21 203 W FLETCHER AVE	26 203 W FLETCHER AVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: TAMPA, FL	28 City & State: TAMPA, FL
24 Zip: 33612	29 Zip: 33612
25 Country: HILLSBOROUGH	30 Country: HILLSBOROUGH

9. Name and Address of Current Registered Agent

HOWELL, VIRGIL M.
4407 E HILLSBOROUGH AVE
TAMPA FL 33610

10. Name and Address of New Registered Agent

81 Name:

82 Street Address (P.O. Box Number is Not Acceptable): 203 W. FLETCHER AVE

83

84 City: TAMPA **FL** 85 Zip Code: 33612

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE		☒ Change ☐ Addition
NAME	HOWELL, VIRGIL M.		12 NAME		
STREET ADDRESS	4407 E HILLSBOROUGH AVE		13 STREET ADDRESS	203 W FLETCHER AVE	
CITY-ST-ZIP	TAMPA FL		14 CITY-ST-ZIP	TAMPA, FL 33612	
TITLE	V	☐ DELETE	21 TITLE		☒ Change ☐ Addition
NAME	HOWELL, SYLVIA		22 NAME		
STREET ADDRESS	4407 E HILLSBOROUGH AVE		23 STREET ADDRESS	203 W FLETCHER AVE	
CITY-ST-ZIP	TAMPA FL		24 CITY-ST-ZIP	TAMPA, FL 33612	
TITLE	ST	☐ DELETE	31 TITLE		☒ Change ☐ Addition
NAME	CORLEW, KAREN L.		32 NAME		
STREET ADDRESS	4407 E. HILLSBOROUGH AVE.		33 STREET ADDRESS	203 W FLETCHER AVE	
CITY-ST-ZIP	TAMPA FL		34 CITY-ST-ZIP	TAMPA, FL 33612	
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntary, tendered and does not qualify for the exemption stated in Section 119.07(3)(i), 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 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, added or deleted.

SIGNATURE: VIRGIL M. HOWELL 3/12/96 813.968.1288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)