

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L42838** (7)
1. Corporation Name
HILLSBOROUGH ABSTRACTING & RESEARCH, INC.



Principal Place of Business % LARRY M. RUGG 100 HALTON CIRCLE SEFFNER FL 33604	Mailing Address % LARRY M. RUGG 100 HALTON CIRCLE SEFFNER FL 33604-1156
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3. Date Incorporated or Qualified 01/10/1990	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2982238	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 1201 E. ELLICOTT ST. Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 1688 Suite, Apt. #, etc.
22 TAMPA, FL City & State	27 TAMPA, FL City & State
23 33603 Zip USA Country	28 33601 Zip USA Country

9. Name and Address of Current Registered Agent RUGG, LARRY M. 100 HALTON CIRCLE SEFFNER FL 33604 1201 E. ELLICOTT ST. P.O. Box 1688 TAMPA, FL 33601		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 *Larry Rugg* **LARRY RUGG** DATE **1/29/97**
Signature, typed or printed name of registered agent and true if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RUGG, LARRY M.		1.2 NAME	
STREET ADDRESS 100 HALTON CIRCLE		1.3 STREET ADDRESS	1201 E. ELLICOTT ST.
CITY-ST-ZIP SEFFNER FL		1.4 CITY-ST-ZIP	TAMPA, FL 33603
NAME	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2.2 NAME	
CITY-ST-ZIP		2.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
NAME		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3.2 NAME	
CITY-ST-ZIP		3.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
NAME		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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, or on an attachment with an address.

SIGNATURE: *Larry Rugg* **LARRY RUGG** DATE **1/29/97** 813 < 229-9742
Signature and typed or printed name of signing officer or director

CR2E034 (9/96)