

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **L42905** (4)

1. Corporation Name

**HILLSBOROUGH CHEMICAL CORPORATION**

Principal Place of Business

Mailing Address

**7201 BEASLEY RD  
TAMPA FL 33615**

**7201 BEASLEY RD  
TAMPA FL 33615**



2. Principal Place of Business

2a. Mailing Address

21 **16202 BONNEVILLE DR.**

26 **16202 BONNEVILLE DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **TAMPA, FL**

28 **TAMPA, FL**

24 Zip

Country

29 Zip

Country

**33624**

**HILLS**

**33624**

**HILLS**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

**01/11/1990**

**05/01/1995**

4. FEI Number

**65-0175301**

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

10. Name and Address of New Registered Agent

**BACCARELLA, DOMINIC J., ESQ.  
1505 N FLORIDA AVE  
TAMPA FL 33602**

81 Name

**ANDY BARBA**

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

**16202 BONNEVILLE DR.**

83

**TAMPA, FL 33624-1113**

84 City

85 Zip Code  
**FL 33624**

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 607.0905, Florida Statutes.

SIGNATURE

*Andrew T. Barba*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input checked="" type="checkbox"/> DELETE
NAME	CUETO, MICHELLE	
STREET ADDRESS	7201 BEASLEY RD	
CITY - ST - ZIP	TAMPA FL	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	PEREZ, JOHN	
STREET ADDRESS	7201 BEASLEY RD.	
CITY - ST - ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	ANDY BARBA	
13 STREET ADDRESS	16202 BONNEVILLE DR.	
14 CITY - ST - ZIP	TAMPA, FL 33624-1113	
2.1 TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	RUTH BARBA	
23 STREET ADDRESS	16202 BONNEVILLE DR.	
24 CITY - ST - ZIP	TAMPA, FL 33624-1114	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

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 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:

*Andrew T. Barba*

ANDREW T. BARBA

2/28/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)