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FILED

Apr 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra S. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L42905

(4)

1. Corporation Name

HILLSBOROUGH CHEMICAL CORPORATION



Principal Place of Business

16202 BONNEVILLE DR
TAMPA FL 33624

Mailing Address

16202 BONNEVILLE DR
TAMPA FL 33624-1113

2. Principal Place of Business

21 15612 JERICHO DRIVE

Suite, Apt. #, etc.

22

City & State

23 ODESSA, FLORIDA

Zip

Country

24 33556

2a. Mailing Address

26 15612 JERICHO DRIVE

Suite, Apt. #, etc.

27

City & State

28 ODESSA, FLORIDA

Zip

Country

29 33556

30

3. Date Incorporated or Qualified

01/11/1990

3a. Date of Last Report

03/14/1996

4. FEI Number

65-0175301

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

BARBA, ANDY
16202 BONNEVILLE DR
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name

ANDREW BARBA

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

15612 JERICHO DRIVE

83

84 City

ODESSA

FL

85 Zip Code

33556

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 *Andrew T. Barba*

Signature, typed or printed name of registered agent and title if applicable

ANDREW T. BARBA PRES.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/97

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE

NAME BARBA, ANDY
STREET ADDRESS 16202 BONNEVILLE DR
CITY-ST-ZIP TAMPA FL 33624

TITLE VS ☐ DELETE

NAME BARBA, RUTH
STREET ADDRESS 16202 BONNEVILLE DR
CITY-ST-ZIP TAMPA FL 33624

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 PT ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 15612 JERICHO DRIVE
1.4 CITY-ST-ZIP ODESSA, FL. 33556

2.1 TITLE VS ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 15612 JERICHO DRIVE
2.4 CITY-ST-ZIP ODESSA, FL. 33556

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

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.

CR2E034 (9/96)