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FILED

Jan 17 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N31344 (7)

1. Corporation Name

HILLSBOROUGH COUNTY LAW LIBRARY FOUNDATION, INC.

Principal Place of Business

725 E. KENNEDY BLVD.  
TAMPA FL 33602

Mailing Address

725 E. KENNEDY BLVD.  
TAMPA FL 33602-50303. Date Incorporated or Qualified  
03/23/19893a. Date of Last Report  
01/25/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City &amp; State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip

Country

29

30

4. FEI Number

59-2936250

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAILEY, WILLIAM M.  
725 E. KENNEDY BLVD  
TAMPA FL 33602

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD ☐ DELETE  
NAME BAILEY, WILLIAM M.  
STREET ADDRESS 725 E. KENNEDY BLVD.  
CITY - ST - ZIP TAMPA FL1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIPTITLE D ☐ DELETE  
NAME THEODORE, GILENE  
STREET ADDRESS 601 E. KENNEDY BLVD. (27TH FLOOR)  
CITY - ST - ZIP TAMPA FL2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIPTITLE D ☐ DELETE  
NAME GRAZIANO, DOMINICK  
STREET ADDRESS 201 E. KENNEDY BLVD., SUITE 1125  
CITY - ST - ZIP TAMPA FL3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIPTITLE D ☐ DELETE  
NAME FICARROTTA, GASPER J  
STREET ADDRESS 419 PIERCE ST.  
CITY - ST - ZIP TAMPA FL4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIPTITLE TD ☐ DELETE  
NAME GREIWE, THOMAS H.  
STREET ADDRESS 220 E. MADISON ST., SUITE 1110  
CITY - ST - ZIP TAMPA FL5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIPTITLE CD ☐ DELETE  
NAME KELLAHER, SANDRA M  
STREET ADDRESS 2130 W. BRANDON BLVD., SUITE 204  
CITY - ST - ZIP BRANDON FL6.1 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-08-97 813 222-5818

Date

Daytime Phone # 0046913

CR2E037 (9/96)