


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # [REDACTED] N 39415					
1. Corporation Name Hillsborough Trails, Inc. P.O. Box 20786, Tampa FL 33622-0786					
Principal Place of Business			Mailing Address		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 8/02/90 4. FEI Number Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent Edwin J. Crawford 8908 Beeler Dr Tampa FL 33626			10. Name and Address of New Registered Agent 81 Name Larry Weatherby 82 Street Address (P.O. Box Number is Not Acceptable) 4606 White Pine Ln 83 84 City Tampa FL 85 Zip Code 33624		
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 <u>Larry R. Weatherby</u> <u>Larry R. Weatherby</u> 6-15-98 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE P/D <input checked="" type="checkbox"/> DELETE NAME Edwin Crawford STREET ADDRESS CITY-ST-ZIP	11 TITLE P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 12 NAME Jim Hartnett 13 STREET ADDRESS 13654 N. 12th St. #4 14 CITY-ST-ZIP Tampa FL 33613		21 TITLE VP/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 22 NAME Kevin Dwyer 23 STREET ADDRESS 6904 South Fitzgerald St. 24 CITY-ST-ZIP Tampa FL 33616		
TITLE T/D <input checked="" type="checkbox"/> DELETE NAME Sherry King STREET ADDRESS CITY-ST-ZIP	31 TITLE S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 32 NAME Larry R. Weatherby 33 STREET ADDRESS 4606 White Pine Ln 34 CITY-ST-ZIP Tampa FL 33624-1657		41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP		
TITLE VP/D <input checked="" type="checkbox"/> DELETE NAME John Pare STREET ADDRESS CITY-ST-ZIP	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP		61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME 500002570285 63 STREET ADDRESS -06/23/98--01107--018 64 CITY-ST-ZIP ***70.00		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP		61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP		61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP		
14. I 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: <u>Larry R. Weatherby</u> <u>Larry R. Weatherby</u> 6-15-98 813-282-2369					

CR2E037 (10/97)