

FILE NOW: FILING FEE IS \$61.25

FILED

May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N51364 (0)
1. Corporation Name
**AUTOMOTIVE SERVICE ASSOCIATION OF HILLSBOROUGH C
OUNTY, INC.**



Principal Place of Business 141 WEST WINDHORST RD. BRANDON FL 33510 US	Mailing Address 141 WEST WINDHORST RD. BRANDON FL 33510 US
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 10/12/1992
4. FEI Number 65-0314685
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fees 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 type="checkbox"/> No

9. Name and Address of Current Registered Agent CONDE, DEBBIE 141 WEST WINDHORST RD BRANDON FL 33510	
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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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PPD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONDE, DEBI	1.2 NAME	JAMES VAN DIEST
STREET ADDRESS	141 W. WINDHORST RD.	1.3 STREET ADDRESS	4240 HENDERSON BLVD.
CITY-ST-ZIP	BRANDON FL	1.4 CITY-ST-ZIP	TAMPA, FL. 33629
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BATISTA, MAURICE	2.2 NAME	HINESMAN DUKES
STREET ADDRESS	11342 HOLLY GLEN DR	2.3 STREET ADDRESS	5315 INGRAHAM ST.
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	TAMPA, FL 33616
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, BARRETT	3.2 NAME	BRIAN STILLWELL
STREET ADDRESS	134 W. ROBERTSON	3.3 STREET ADDRESS	10313 N. NEBRASKA AVE
CITY-ST-ZIP	BRANDON FL	3.4 CITY-ST-ZIP	TAMPA, FL. 33612
TITLE	ST <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTSON, AMY D	4.2 NAME	AMY D. ROBERTSON
STREET ADDRESS	P O BOX 1237 1287	4.3 STREET ADDRESS	P.O. BOX 1287
CITY-ST-ZIP	RUSKIN FL	4.4 CITY-ST-ZIP	Ruskin, FL. 33510
TITLE	VP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Debi Conde VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUNT, MARK	5.2 NAME	141 W Windhorst Rd
STREET ADDRESS	2010 HILLS AVE	5.3 STREET ADDRESS	Brandon, FL.
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: *James Van Diest* 4-30-98 (813) 287-2550

CR2E037 (10/97)