05051999-90051-007-$70.00-$70.00

**FILED**
**May 05, 1999 8:00 am**
**Secretary of State**
05-05-1999 90051 007 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

# DOCUMENT # N51364

1. Corporation Name

AUTOMOTIVE SERVICE ASSOCIATION OF HILLSBOROUGH C OUNTY, INC.

560004 - 90058 - 21

| Principal Place of Business | Mailing Address |
|---|---|
| 141 WEST WINDHORST RD.<br>BRANDON FL 33510<br>US | 141 WEST WINDHORST RD.<br>BRANDON FL 33510<br>US |

| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified |
|---|---|---|
| 21 4240 Henderson Blvd | 26 4240 Henderson Blvd | 10/12/1992 |
| Suite, Apt. #, etc.<br>22 Tampa, Fl | Suite, Apt. #, etc.<br>27 Tampa, FL. | 4. FEI Number<br>65-0314685 ☐ Applied For ☐ Not Applicable |
| City & State<br>23 33629 | City & State<br>28 33629 | 5. Certificate of Status Desired ☒ $8.75 Additional Fee Required |
| Zip / Country<br>24 / 25 US | Zip / Country<br>29 / 30 US | 6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| CONDE, DEBBI<br>141 WEST WINDHORST RD<br>BRANDON FL 33510 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PPD | ☒ DELETE | 1.1 TITLE | ~~Maurice Batista~~ PD | ☐ Change ☒ Addition |
| NAME | CONDE, DEBI | | 1.2 NAME | MAURICE Batista | |
| STREET ADDRESS | 141 W. WINDHORST RD. | | 1.3 STREET ADDRESS | 6104 N. Florida Ave | |
| CITY-ST-ZIP | BRANDON FL | | 1.4 CITY-ST-ZIP | TAMPA FL. 33604-6624 | |
| TITLE | PD | ☐ DELETE | 2.1 TITLE | VP Mechanical | ☒ Change ☐ Addition |
| NAME | DIEST, J V | | 2.2 NAME | | |
| STREET ADDRESS | 4240 HENDERSON BLVD | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA FL 33962 | | 2.4 CITY-ST-ZIP | | |
| TITLE | ST | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | HINESMAN, D | | 3.2 NAME | | |
| STREET ADDRESS | 5315 INGRAHAM ST | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPOA FL 32616 | | 3.4 CITY-ST-ZIP | | |
| TITLE | VP | ☒ DELETE | 4.1 TITLE | VP Collision | ☒ Change ☒ Addition |
| NAME | STILLWELL, B | | 4.2 NAME | Jim Sanderson | |
| STREET ADDRESS | 10313 N NEBRASKA AVE | | 4.3 STREET ADDRESS | 11333 N. Florida Ave | |
| CITY-ST-ZIP | TAMPA LF 33612 | | 4.4 CITY-ST-ZIP | TAMPA, FL. 33612-5665 | |
| TITLE | D | ☒ DELETE | 5.1 TITLE | SEC | ☒ Change ☒ Addition |
| NAME | CANDE, D | | 5.2 NAME | GENE Perez | |
| STREET ADDRESS | 141 W WINDHORST RD | | 5.3 STREET ADDRESS | 4710 N. Florida Ave | |
| CITY-ST-ZIP | BRANDON FL | | 5.4 CITY-ST-ZIP | Tampa Fl. 33603-3735 | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E037 (11/98)

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, with all other like empowered.

**SIGNATURE:** James Conde SIGNATURE REQUIRED 4/28/99 813-287-2550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #