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Apr 30 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 # **N93000003869 (5)**

1. Corporation Name

HILLSBOROUGH COUNTY TOWING ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**9802 E. HIGHWAY 92
TAMPA FL 33610**

**9802 E. HIGHWAY 92
TAMPA FL 33610**

3. Date Incorporated or Qualified

08/23/1993

4. FEI Number

59-3200550

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 407 22ND ST

26 407 22ND ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 TAMPA FL

28 TAMPA FL

Zip

Zip

Country

Country

24 33605

25 HILLSBOROUGH

29 33605

30 HILLSBOROUGH

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STEPP, JIM
9802 E. HIGHWAY 92
TAMPA FL 33610**

81 Name

SAM CASTELLANO

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

407 22ND ST

83

84 City

TAMPA

FL

85 Zip Code

33605

11. Pursuant to the provisions of Sections 617.6502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, for 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 617.6503, Florida Statutes.

SIGNATURE

Sam Castellano

4-21-98

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 **D** ☒ DELETE
NAME **STEPP, JIM**
STREET ADDRESS **9802 E. HIGHWAY 92**
CITY-ST-ZIP **TAMPA FL 33610**

1.1 TITLE **SAM CASTELLANO** ☒ Change ☐ Addition
1.2 NAME **407 22ND ST**
1.3 STREET ADDRESS **TAMPA FLA 33605**
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **LARSEN, BOB**
STREET ADDRESS **4815 N. LOIS AVENUE**
CITY-ST-ZIP **TAMPA FL 33614**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **TRIANA, ANGELO**
STREET ADDRESS **3426 N. 15TH STREET**
CITY-ST-ZIP **TAMPA FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **COSTANIO, VICTOR**
STREET ADDRESS **3716 E. HILLSBOROUGH AVE.**
CITY-ST-ZIP **TAMPA FL 33610**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

Sam Castellano

4-21-98

813-247-5491

CR2E037 (10/97)