

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90074 004 ****61.25

DOCUMENT # N93000003869

1. Entity Name
HILLSBOROUGH COUNTY TOWING ASSOCIATION, INC.



Principal Place of Business

**3426 15TH STREET
TAMPA, FL 33605 US**

Mailing Address

**3426 15TH STREET
TAMPA, FL 33605 US**

DO NOT WRITE IN THIS SPACE



03222005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3200550

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TRAINA, MARY P
3426 15TH STREET
TAMPA, FL 33605-1198**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME ALLEN, STEVE
STREET ADDRESS 7219 O'BRIEN
CITY-ST-ZIP TAMPA, FL 33616

TITLE VP
NAME KINCAID, BECKY
STREET ADDRESS 6511-E BROADWAY AVE.
CITY-ST-ZIP TAMPA, FL 33619

TITLE T
NAME TRAINA, MARY P
STREET ADDRESS 3426 N. 15TH STREET
CITY-ST-ZIP TAMPA, FL

TITLE D
NAME BREWINGTON, DAVID
STREET ADDRESS 302- CALHOUN
CITY-ST-ZIP PLANT CITY, FL 33566

TITLE D
NAME STEPP, TODD
STREET ADDRESS 9602 US HWY 92E
CITY-ST-ZIP BRANDON, FL 33511

TITLE D
NAME STEPP, RANDY
STREET ADDRESS 5116 E SHADOW LAWN ST.
CITY-ST-ZIP TAMPA, FL 33619

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mary P Traina

3/30/05

813-248-3156