

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90081 036 ****61.25

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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



01072008 No Chg-NP CR2E037 (4/06)

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, 2008**

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 exemptions contained in Chapter 119, 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:

MARY P. TRAINA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/08

Date

(813) 248-3157

Daytime Phone #