

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 05 1998 8:00am
Secretary of State

DOCUMENT #
1. Corporation Name

N96000003697

HILLSBOROUGH RIVER RIDERS, INC.

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified

7/15/96

3a. Date of Last Report

10/27/97

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21 SHONEY'S

Suite, Apt. #, etc.

22 1031 FOWLER AVE.

City & State

23 TAMPA FL

Zip

Country

24 USA

2a. Mailing Address

26 PO Box 301

Suite, Apt. #, etc.

27

City & State

28 LUTZ FL

Zip

Country

29 33548 30 USA

9. Name and Address of Current Registered Agent

DAVID MIDDLETON
PO BOX 1123
RIVERVIEW FL 33568

10. Name and Address of New Registered Agent

81 Name SHANNON VANETTA
82 Street Address (P.O. Box Number is Not Acceptable) 3540 E KNIGHTS GRIFFIN RD
83
84 City PLANT CITY FL 85 Zip Code 33565

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 Shannon M. Vannetta (SHANNON VANETTA, DIRECTOR) May 27, 1998

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	KRISTIE VARGA	
STREET ADDRESS	3110 WAIN RANCH RD.	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	PAT VANETTA	
STREET ADDRESS	3540 E KNIGHTS GRIFFIN RD.	
CITY-ST-ZIP	PLANT CITY FL 33565	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	RANDY COLEMAN	
STREET ADDRESS	1107 RAMBLEWOOD LANE	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	SANDRA HAZORA	
STREET ADDRESS	6104 IKE SMITH RD	
CITY-ST-ZIP	PLANT CITY FL 33565	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> DELETE
NAME	LOUIE LABRADOR	
STREET ADDRESS	3440 S. 70th ST.	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	TREASURER	<input type="checkbox"/> DELETE
NAME	IVETE AERNAS	
STREET ADDRESS	1810 N 30th ST	
CITY-ST-ZIP	LUTZ FL 33549	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	600002555796
6.3 STREET ADDRESS	-06/11/98-01009-004
6.4 CITY-ST-ZIP	***70.50

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/27/98 839331690

Date

Daytime Phone #

CR2E037 (9/96)