

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000051886 (8)

1. Corporation Name

HILLSBOROUGH COUNTY AUTO AUCTION, INC.



Principal Place of Business

Mailing Address

2909 NORTH 40TH STREET
TAMPA FL 33605

2909 NORTH 40TH STREET
TAMPA FL 33605

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

07/19/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3203828

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

9. Name and Address of Current Registered Agent

STONE, DEBRA J
2909 NORTH 40TH STREET
TAMPA FL 33605

10. Name and Address of New Registered Agent

81 Name

Donald L. Stone

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

2909 N. 40th St

83

84

City Tampa

FL

85 Zip Code

33605

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Donald L. Stone

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

(NOTE: Registered Agent's signature required when not State Sign)

Date:

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME STONE, DEBRA J
STREET ADDRESS 2909 NORTH 40TH STREET
CITY - ST - ZIP TAMPA FL

TITLE ST ☐ DELETE

NAME STONE, DEBRA J
STREET ADDRESS 2909 N 40TH ST
CITY - ST - ZIP TAMPA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE President ☒ Change ☐ Addition

12 NAME Donald L. Stone

13 STREET ADDRESS 2909 N. 40th St

14 CITY - ST - ZIP Tampa, FL 33605

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(*), 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:

Donald L. Stone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-2-96

Date

(813) 643-6661

Daytime Phone

CR2E034 (3/96)