**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90035 024 \*\*\*150.00

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## DOCUMENT # P94000075896

1. Corporation Name

HILLSBOROUGH SURVEYING, INC.

Principal Place	e of Business	Mailing Address					19110 9111 1991
1709-C THONOTOSASSA RD. PLANT CITY FL 33566 US		1709-C THONOTOSASSA RD. PLANT CITY FL 33566 US		DO NOT WRITE IN	THIS SPACE		
					3. Date Incorporated or Qualifed 10/13/1994		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Apr	olied For
21		26			59-3272320	<del></del>	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5, Certificate of Status Desired	\$8.75 A	quired
City & Stat	e	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
Zip	Country	Zip	Country		8. This corporation owes the current ye		Пы-
24	25		10		Personal Property Tax.		□No
	<ol><li>Name and Address of Current</li></ol>	Registered Agent	04	N	10. Name and Address of New Regist	erea Agent	
DICL	JEV THOMAS D ID		81	Name	, TIMOTHY W.		
RICHEY, THOMAS D JR.			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	THONOTOSASSA ROAD			507	E. DREW STREET		
PLAI	NT CITY FL 33564		83	D	VID 07 DV	225	
			84	City	NT CITY, FL	335 85 Zip C	ode
				•		FL	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligations of the obligations of the section of the provisions	if Florida. Such change was aut	honzed by t	named corpo ne corporatio	oration submits this statement for the purpon's board of directors. I hereby accept the	se of changing its appointment as rec	registered jistered ?
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: F	Registered Agent	signature required	when reinstating	ITE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTO	RS IN 12
TITLE	8× ,.	XX DELETE	1.1 TITLE		7	☐ Change	Addition
NAME	RICHEYXINIOMAS/OXJRX		1.2 NAME				
STREET ADDRESS	2735: THONQTOSASSA ROAD		1.3 STREET	ADDRESS			
CITY-ST-ZIP	RLANTK SITRY Fit 283594x x		1.4 CITY-ST-				
TITLE	P PD	☐ DELETE	2.1 TITLE		,	☐ Change	Addition
NAME	TEW, TIMOTHY W		2.2 NAME				
	FAT F DDDM OTDEFT		2.3 STREET	DORESS			
STREET ADDRESS	PLANT CITY FL 33565		2.4 CITY-ST		, .		
CITY-ST-ZIP		☐ DELETE	3.1 TITLE	· ZIF	···	☐ Change	Addition
NAME	PD VPD RICHEY, DAVID G		3.2 NAME				
	4003 THONOTOSASSA ROAD		3.3 STREET	ADDRESS			
STREET ADDRESS	PLANT CITY FL 33586x 335	65	3.4. CITY-ST				•
CITY-ST-ZIP TITLE	<b>#90</b> X	☑ DELETE	4.1 TITLE	- 211		☐ Change	☐ Addition
	X <b>RICHEYXBAXTY</b> XXX		4.2 NAME				
	AZAE TUONOTOGAGGA BD.		4.3 STREET	ADDRESS			
STREET ADDRESS	RIANTAGERIAFIX		4.4 CITY-ST-				
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE	EN.		☐ Change	Addition
	STD		5.2 NAME				
NAME STREET ADDRESS	RICHEY, REBECCA	7 DOXD	5 3 STREET	ADDRESS		•	
STREET ADDRESS	1000 11101101001100		5.4 CITY-ST-				
CITY-ST-ZIP	PLANT CITY, FL 3	3565 □ DELETE	6.1 TITLE	_		Change	☐ Addition
			6.2 NAME			_ ,	_
NAME STREET ADDRESS			6.3 STREET	ADORESS			

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 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP