FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P94000090956 (1)**

1. Corporation Name
HILLSBOROUGH HOLDINGS, INC.

Principal Place of Business	Mailing Address
6202 BENJAMIN ROAD, STE. 100 TAMPA FL 34683-1314	6202 BENJAMIN ROAD, STE. 100 TAMPA FL 33634-5180

3. Date Incorporated or Qualified: **12/16/1994**
3a. Date of Last Report: **03/13/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: **APPLIED FOR** ☐ 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

ALLWEISS, MICHAEL D
4020 PARK STREET NORTH, STE. 200
ST. PETERSBURG FL 33709

10. Name and Address of New Registered Agent

81 Name: Michael D. Allweiss, Esquire
82 Street Address (P.O. Box Number is Not Acceptable): 111 - 2nd Avenue N.E., Suite 620
83
84 City: St. Petersburg **FL** 85 Zip Code: 33701

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: _____ DATE: 4/8/97
Signature or typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	C ☒ Change ☐ Addition
NAME	PORCELLI, PETER J JR.	1.2 NAME	PETER J PORCELLI JR
STREET ADDRESS	6202 BENJAMIN RD. SUITE 100	1.3 STREET ADDRESS	6202 BENJAMIN RD
CITY-ST-ZIP	TAMPA FL 33634	1.4 CITY-ST-ZIP	TAMPA, FL 33634
TITLE	ST ☐ DELETE	2.1 TITLE	VP ☐ Change ☒ Addition
NAME	WALFORD, MICHELE	2.2 NAME	JOHN R ANDERSON
STREET ADDRESS	6202 BENJAMIN RD., SUITE 100	2.3 STREET ADDRESS	6202 BENJAMIN RD
CITY-ST-ZIP	TAMPA FL 33634	2.4 CITY-ST-ZIP	TAMPA, FL 33634
TITLE	☐ DELETE	3.1 TITLE	VP ☐ Change ☒ Addition
NAME		3.2 NAME	ROBERT HAGA
STREET ADDRESS		3.3 STREET ADDRESS	6202 BENJAMIN RD
CITY-ST-ZIP		3.4 CITY-ST-ZIP	TAMPA, FL 33634
TITLE	☐ DELETE	4.1 TITLE	VP ☐ Change ☒ Addition
NAME		4.2 NAME	PETER J PORCELLI SR
STREET ADDRESS		4.3 STREET ADDRESS	6202 BENJAMIN RD
CITY-ST-ZIP		4.4 CITY-ST-ZIP	TAMPA, FL 33634
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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

SIGNATURE: JOHN R ANDERSON 2-12-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #