

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 10 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P96000102501 (9)**

1. Corporation Name

HILLSBORO ARMORED TRANSPORT CO.

Principal Place of Business

**4314 WEST OHIO STREET
TAMPA FL 33614**

Mailing Address

**POST OFFICE BOX 15145
TAMPA FL 33684-5145**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1997

4. FEI Number

59-3417381

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 2806 N 34th Street
Suite, Apt. #, etc.

2a. Mailing Address

26 2806 N 34th Street
Suite, Apt. #, etc.

City & State

23 Tampa, FL 33605
Zip

City & State

28 Tampa, FL 33605
Zip

24 33605

25 Hillsborough

29 33605

30 Hillsborough

9. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

81 Name

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

83

84 City

FL

85 Zip Code

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**PTD
NAME HAMPTON, LARRY M
STREET ADDRESS 4314 WEST OHIO STREET
CITY-ST-ZIP TAMPA FL 33614**

TITLE ☐ DELETE

**SD
NAME PERSAUD, DANNY CEO
STREET ADDRESS 4314 WEST OHIO STREET
CITY-ST-ZIP TAMPA FL 33614**

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

☒ Change ☐ Addition

**PTD
NAME Hampton, Larry
13 STREET ADDRESS 2806 N 34th Street
14 CITY-ST-ZIP Tampa, FL 33605**

☒ Change ☐ Addition

**21 TITLE Owner, Vice Pres
22 NAME Danny Persaud
23 STREET ADDRESS 2806 N 34th Street
24 CITY-ST-ZIP Tampa, FL 33605**

☐ Change ☐ Addition

**31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP**

☐ Change ☐ Addition

**41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP**

☐ Change ☐ Addition

**51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP**

☐ Change ☐ Addition

**61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP**

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.

SIGNATURE: **Danny Persaud / CEO / Owner**

1-31-98

(813) 248-1103

CR2E034 (1097)