

**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 # F94000003890 (0)

1. Corporation Name

HASTINGS MANUFACTURING COMPANY



Principal Place of Business

Mailing Address

325 N. HANOVER
HASTINGS MI 49058

325 N. HANOVER
HASTINGS MI 49058

3. Date Incorporated or Qualified
07/26/1994

3a. Date of Last Report
04/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
38-0633740

Applied for
Not Applicable

Suite, Apt # etc

Suite, Apt #, etc

22

27

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

25

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~TUBBERGEN, STANLEY C
2400 16 ST. NE, UNIT 112
POMPANO BEACH FL 33062~~

81 Name

NO AGENT AT THIS TIME

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 in block, in full, and signed and dated by applicant.

(NOTE: Registered Agent signature is required when filing this report.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME JOHNSON, STEPHEN I
STREET ADDRESS 907 W. MADISON
CITY-ST-ZIP HASTINGS MI 49058

1.1 TITLE DV Change Addition
NAME THOMAS J. BELLGRAPH
1.2 NAME
1.3 STREET ADDRESS 325 N. HANOVER
1.4 CITY-ST-ZIP HASTINGS, MI. 49058

TITLE DV DELETE
NAME JOHNSON, ANDREW F
STREET ADDRESS 1006 W. CLINTON STREET
CITY-ST-ZIP HASTINGS MI 49058

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DV DELETE
NAME JOHNSON, MARK R
STREET ADDRESS 11155 HASTINGS POINT ROAD
CITY-ST-ZIP MIDDLEVILLE MI 49333

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DV DELETE
NAME WALLIN, ROBERT H
STREET ADDRESS 925 N. TAFFEE DRIVE
CITY-ST-ZIP HASTINGS MI 49058

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DV DELETE
NAME KOOP, DALE W
STREET ADDRESS 577 INDIAN HILLS DRIVE
CITY-ST-ZIP HASTINGS MI 49058

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DV DELETE
NAME BENNETT, MONTY C
STREET ADDRESS 1706 S. BROADWAY
CITY-ST-ZIP HASTINGS MI 49058

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k) 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:

Thomas J. Bellgraph
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/19/96 616-945-2491
DATE DAY/PHONE #

CR2E034 (3/96)