

**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

PHONE NUMBER

CR2E034 (3/96)