

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

FILED
Sep 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000003890 (0)
 1. Corporation Name
HASTINGS MANUFACTURING COMPANY



Principal Place of Business 325 N. HANOVER HASTINGS MI 49058	Mailing Address 325 N. HANOVER HASTINGS MI 49058
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/26/1994	3a. Date of Last Report 06/25/1996
21		26		4. FEI Number 38-0633740	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DV	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BELGRAP, THOMAS J			1.2 NAME			
STREET ADDRESS	325 N HONOVER			1.3 STREET ADDRESS			
CITY-ST-ZIP	HASTINGS MI			1.4 CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, ANDREW F			2.2 NAME			
STREET ADDRESS	1008 W. CLINTON STREET			2.3 STREET ADDRESS			
CITY-ST-ZIP	HASTINGS MI 49058			2.4 CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, MARK R			3.2 NAME			
STREET ADDRESS	11155 HASTINGS POINT ROAD			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIDDLEVILLE MI 49333			3.4 CITY-ST-ZIP			
TITLE	DV	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALLIN, ROBERT H			4.2 NAME			
STREET ADDRESS	925 N. TAFFEE DRIVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	HASTINGS MI 49058			4.4 CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KOOP, DALE W			5.2 NAME			
STREET ADDRESS	577 INDIAN HILLS DRIVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	HASTINGS MI 49058			5.4 CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENNETT, MONTY C			6.2 NAME			
STREET ADDRESS	1708 S. BROADWAY			6.3 STREET ADDRESS			
CITY-ST-ZIP	HASTINGS MI 49058			6.4 CITY-ST-ZIP			

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: _____ *[Signature]* 9/16/97 616-945-2491

CR2E034 (4/97)