FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 12:04

DOCUMENT # J08803 (5)

1. Corporation Name
HALLER INDUSTRIES, INC.

Principal Place of Business	Mailing Address
% NELSON C. HALLER 7215 S. OBRIEN STREET TAMPA FL 33616	% NELSON C. HALLER 7215 S. OBRIEN STREET TAMPA FL 33616

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/11/1986
3a. Date of Last Report: 02/11/1994

2. Principal Place of Business	2a. Mailing Address
21 4895 W. WATERS AVE	26 4895 W. WATERS AVE
22 Suite J	27 Suite J
23 TAMPA FL	28 TAMPA FL
24 Zip 33634 25 Country HILLSBO.	29 Zip 33634 30 Country HILLSBORO

4. FEI Number: 59-2718052 ☐ 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	10. Name and Address of New Registered Agent
HALLER, NELSON C. 7215 S. OBRIEN STREET TAMPA FL 33616	81 Name: NELSON C. HALLER 82 Street Address (P.O. Box Number is Not Acceptable): 4895 W. WATERS AVE 83 SUITE J 84 City: TAMPA FL 85 Zip Code: 33634

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: Nelson Haller (Signature, title and printed name of registered agent, if title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 2/9/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTS	1.1 TITLE	PTS ☑ Change ☐ Addition
NAME	HALLER, NELSON C.	1.2 NAME	HALLER, NELSON C
STREET ADDRESS	7215 S. OBRIEN STREET	1.3 STREET ADDRESS	4895 W. WATERS AVE SUITE J
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	TAMPA, FL 33634
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Nelson Haller 2/9/95 (813) 885-4320
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number

0303271 CR