

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000157375

**Entity Name:** HALLIWELL ENGINEERING ASSOCIATES, INC.

**Current Principal Place of Business:**

20801 BISCAYNE BLVD., #505  
AVENTURA, FL 33180

**Current Mailing Address:**

865 WATERMAN AVE.  
E. PROVIDENCE, RI 02914

**FEI Number:** 20-0505935

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name HALLIWELL, JOHN L  
Address 495 CENTRE ISLAND DRIVE  
City-State-Zip: GOLDEN BEACH FL 33160

Title VP  
Name BOSSERT, JEFFREY A  
Address 813 WEST BUTLER PIKE  
City-State-Zip: AMBLER PA 19002

Title VP  
Name MONTALTO, THOMAS P  
Address 865 WATERMAN AVE.  
City-State-Zip: E. PROVIDENCE RI 02914

Title ST  
Name WART, ROBERT J  
Address PO BOX 470035  
City-State-Zip: CELEBRATION FL 34747

Title VP  
Name LEMMO, STEVEN M  
Address 79 PONTE LANE  
City-State-Zip: NORTH KINGSTOWN RI 02852

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERT J WART

**SECRETARY/TREASURER** 01/05/2017

Electronic Signature of Signing Officer/Director Detail

Date