

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000003728

**Entity Name:** BALAX, INC.

**Current Principal Place of Business:**

W305 N7697 HWY. E  
NORTH LAKE, WI 53064

**Current Mailing Address:**

P.O. BOX 96  
NORTH LAKE, WI 53064

**FEI Number:** 39-0980611

**Certificate of Status Desired:** No

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

HALL, JAMES P  
1526 HERMITAGE LANE  
CAPE CORAL, FL 33914 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 VCT  
Name HALL, JAMES P  
Address 1526 HERMITAGE LANE  
City-State-Zip: CAPE CORAL FL 33914

Title VVCS  
Name MCCLURE, THOMAS W  
Address 128 1ST STREET E BUILDING 11 #106  
City-State-Zip: TIERRA VERDE FL 33715

Title D  
Name HALL, DONNA C  
Address 1526 HERMITAGE LANE  
City-State-Zip: CAPE CORAL FL 33914

Title D  
Name MCCLURE, JENNIFER L  
Address 128 1ST STREET E BUILDING 11 #106  
City-State-Zip: TIERRA VERDE FL 33715

*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:** JAMES HALL

VP-MANF

03/17/2020

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date