FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -7 PM 1:45

DOCUMENT # 703752 (6)

1. Corporation Name

HALIFAX GRANGE NO. 173, INC.

Principal Place of Business	Mailing Address
C/O MARY M DURST 135 SEA ISLE CIR PO BOX 4142 S DAYTONA FL 32121	C/O MARY M DURST 135 SEA ISLE CIR PO BOX 4142 S DAYTONA FL 32121

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/20/1962
3a. Date of Last Report: 04/19/1994
4. FEI Number: 23-7215476 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
21	26 P. O Box 4142		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 So. Daytona, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 32121 / Country 30 USA	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

DURST, MARY M.
PO BOX 4142
SOUTH DAYTONA FL 32121

10. Name and Address of New Registered Agent

81 Name: None
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: Mary M. Durst, Secr. DATE: 3-2-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	WILSEY, LAWRENCE	1.2 NAME	
STREET ADDRESS	1701 N U S #1	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	SANISLOW, WESLEY	2.2 NAME	
STREET ADDRESS	5280 ROGERS AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	DURST, MARY	3.2 NAME	
STREET ADDRESS	135 SEA ISLE CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	S DAYTONA, FL 00000	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	TURNER, BESSIE	4.2 NAME	
STREET ADDRESS	1705 LOUISIANA ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	S DAYTONA, FL 00000	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	☐ Change ☐ Addition
NAME	CONNOR, RICHARD	5.2 NAME	
STREET ADDRESS	1701 N. US #1	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, HERBERT	6.2 NAME	
STREET ADDRESS	1310 FLEMING AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	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: Mary M. Durst Mary M. Durst, Secr. 3-2-95 (904) 767-5219
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0023046