

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
Jul 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F93000002583 (3)

1. Corporation Name

E. KENT HALVORSON, INC.

Principal Place of Business

**8840 WILLOWS ROAD
SUITE 201
REDMOND WA 98052
US**

Mailing Address

**P.O. BOX 2189
REDMOND WA 98073
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/03/1993** 3a. Date of Last Report **02/27/1996**

4. FEI Number **91-1278481** 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP HALVORSON, E. KENT**
STREET ADDRESS **9840 WILLOWS ROAD NE**
CITY-ST-ZIP **REDMOND WA**

TITLE ☐ DELETE

NAME **VP DARNELL, FRED C**
STREET ADDRESS **9840 WILLOWS ROAD NE**
CITY-ST-ZIP **REDMOND WA**

TITLE ☐ DELETE

NAME **DST HALVORSON, SUSAN J**
STREET ADDRESS **9840 WILLOWS ROAD NE**
CITY-ST-ZIP **REDMOND WA**

TITLE ☐ DELETE

NAME **VP JACOBSON, NORM**
STREET ADDRESS **9840 WILLOWS ROAD NE**
CITY-ST-ZIP **REDMOND WA**

TITLE ☐ DELETE

NAME **VP LUNSFORD, MARK P**
STREET ADDRESS **9840 WILLOWS ROAD NE**
CITY-ST-ZIP **REDMOND WA**

TITLE ☐ DELETE

NAME **VP QUINN, MICHAEL L**
STREET ADDRESS **9840 WILLOWS ROAD NE**
CITY-ST-ZIP **REDMOND WA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 REQUIRED

UP 7-22-97

CR2E034 (4/97)