

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F94000003890 (0)

1. Corporation Name

HASTINGS MANUFACTURING COMPANY



Principal Place of Business

Mailing Address

325 N. HANOVER  
HASTINGS MI 49058

325 N. HANOVER  
HASTINGS MI 49058

3. Date Incorporated or Qualified

07/26/1994

3a. Date of Last Report

04/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

38-0633740

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

~~TUBBERGEN, STANLEY C  
2400 16 ST. NE, UNIT 112  
POMPAHO BEACH FL 33062~~

81

Name

NO AGENT AT THIS TIME

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 officer, director, registered agent, or trustee (if applicable)

(Note: Registered Agent signature is required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, STEPHEN I	
STREET ADDRESS	907 W. MADISON	
CITY - ST - ZIP	HASTINGS MI 49058	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	JOHNSON, ANDREW F	
STREET ADDRESS	1006 W. CLINTON STREET	
CITY - ST - ZIP	HASTINGS MI 49058	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	JOHNSON, MARK R	
STREET ADDRESS	11155 HASTINGS POINT ROAD	
CITY - ST - ZIP	MIDDLEVILLE MI 49333	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	WALLIN, ROBERT H	
STREET ADDRESS	925 N. TAFFEE DRIVE	
CITY - ST - ZIP	HASTINGS MI 49058	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	KOOP, DALE W	
STREET ADDRESS	577 INDIAN HILLS DRIVE	
CITY - ST - ZIP	HASTINGS MI 49058	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BENNETT, MONTY C	
STREET ADDRESS	1706 S. BROADWAY	
CITY - ST - ZIP	HASTINGS MI 49058	

1.1 TITLE	DV	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	THOMAS J. BELLGRAPH	
1.3 STREET ADDRESS	325 N. HANOVER	
1.4 CITY - ST - ZIP	HASTINGS MI. 49058	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/19/96

616-945-2491

Date

Daytime Phone #

CR2E034 (3/96)