

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

05-49955

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90119 043 ***150.00

DOCUMENT # F94000003890

1. Corporation Name

HASTINGS MANUFACTURING COMPANY

Principal Place of Business

325 N. HANOVER
HASTINGS MI 49058

Mailing Address

325 N. HANOVER
HASTINGS MI 49058

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/26/1994

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

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	DV	<input type="checkbox"/> DELETE
NAME	BELLGRAPH, THOMAS J	
STREET ADDRESS	325 N HONOVER	
CITY-ST-ZIP	HASTINGS MI	
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 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	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GUENTHER, JEFFREY P.	
1.3 STREET ADDRESS	1029 S. MICHIGAN AVE.	
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 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)