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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F96000006893

HALLBERG MFG. CORPORATION

Principal Place of Business	Mailing Address
PO BOX 23985 TAMPA FL 33623	PO BOX 23985 TAMPA FL 33623

## **FILED** Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90170 010 \*\*\*150.00



TAMPA FL 3362	3	TAMPA FL 33623		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		
					12/31/1996		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Ar	oplied For
21		26			39-1400638	No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22		27			3. Certificate of otatus besiled	Fee Re	equired
City & State	e	City & State			6. Election Campaign Financing		May <del>B</del> e
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country	t	8. This corporation owes the current year in		
24	25		30		Personal Property Tax.	☐Yes	□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered	Agent	
	DEDC CHARLES		81	Name	·		
	BERG, CHARLES		82	Street A	Address (P.O. Box Number is Not Acceptable)		
	'1 SR 70 E.			<u> </u>			
MYA	KKA CITY FL 34251-0331		83				
			84	City		85 Zip	Code
				'	FL	<b>-</b>	
office or o	to the provisions of Sections 607.050. egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auti	thorized by	the corpor	corporation submits this statement for the purpose o ration's board of directors. I hereby accept the appo	intment as re	egistered
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: F	Registered Age	nt signature rer	quired when reinstating) DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12
TITLE	PDC	☐ DELETE	1.1 TITLE		,	☐ Change	☐ Addition
NAME	HALLBERG, CHARLES		1.2 NAME				
STREET ADDRESS	35571 SR 70 E.		13 STREE	T ADDRESS			
CITY-ST-ZIP	MYAKKA CITY FL 34251-0331		1.4 CITY-5	ST-ZIP	<u>_</u>		
TITLE		☐ DELETE	2.1 TITLE		,	Change	☐ Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	TADDRESS	1		
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP	en e		
TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS		·	3.3 STREE	TADORESS			
CITY-ST-ZIP			34 CITY-	1			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME		•		
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			Ì
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	TADDRESS			
CITY-ST-ZIP			5.4 CITY-3	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE	-		☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS		_	6.3 STREE	A ABDRESS			
OTTLET ADDITESS			EX CITY	/			

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 if changed, or or an attachment with an address with all other like empowered.

SIGNATURE: