PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J80524

1. Corporation Name

HULSMAN, INC.

Principal Place of Business	Mailing Address	
% Howard J. Hulsman 326 South Drive Islamorada Fl. 33036	1009 S. Ballenger hwy. Flint mi 48532 Us	

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90081 009 ***150.00

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/01/1987 2a. Mailing Address 2643B N. Decatur Road 2. Principal Place of Business 1496 S Military Trl 4. FEI Number Applied For 59-28 18883 Not Applicable 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired #11 Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Decatur, 30033 West Palm Beach, FL GA 28 Trust Fund Contribution Added to Fees 23 Country 8. This corporation owes the current year Intangible Country 30033 Dekalb 33415 Palm Beach □ No Personal Property Tax. 25 29 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Howard J. Hulsman HULSMAN, HOWARD J. Street Address (P.O. Box Number is Not Acceptable)
410 Arrowhead Trail 82 326 SOUTH DRIVE ISLAMORADA FL 33036 83 84 ^{City} Indian River Shores 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. T Change DELETE 1.1 TITLE PTD Howard Jay Hulsman TITLE HULSMAN, HOWARD J. 12 NAME NAME 410 Arrowhead Trl 200 amelia, 326 SOUTH DRIVE 1.3 STREET ADDRESS STREET ADDRESS Indian River Shores, FL 32963 ISLAMORADA FL 1.4 CITY-ST-ZIP CITY-ST-ZIP X DELETE ☐ Change Addition 2.1 TITLE TITLE Eric Jay Hulsman 1356 Peachtree Battle Ave. PHILLIPS, AVA 2.2 NAME NAME 6052 BLOSS COURT 2.3 STREET ADDRESS STREET ADDRESS Atlanta, GA 30327 SWARTZ CREEK MI 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change □ DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETÉ ☐ Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition 6.1 TITLE DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I hereby certify that the information supplied with this filing loes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual reporter 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 indicated on this annual report or supplemental annual officer or director of the corporation or the receiver or the Block 12 or Block 13 if charged, or on an attachment an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

. REQUIRED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR