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

PROFIT CORPORATION **ANNUAL REPORT**

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K00475

(9)

HALLENCO SERVICES, INC.

FILED Apr 08 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					F FOUNDATION OUR MOTHER OF OUR PROOF OF OUR	BIÊN BIBN QUBN BKEN BIBN	F 0,001 1001
C/O ROBERT HALLENBECK PO BOX 560 17719-A GULF BLVD. MROBERT HALLENBECK REDINGTON SHORES FL 33708 INDIAN ROCKS BEACH FL : US			33785		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
2 Principal P	lace of Business	2s, Mailing Address			11/02/1987 4. FEI Number	1 14	oplied For
21 26					59-2915069	 	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						<u>\$9.75</u>	
22					5. Certificate of Status Desired		equired
City & State	9	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 Added	
Zip				Country 8. This corporation owes or has paid the current year Intangible		_ * 1	
24 25 29 30 9. Name and Address of Current Registered Agent			30	Personal Property Tax due June 30. Yes No			
144		iit vadieraran võetit	81	Name	10. Name and Address of New Neg	18(B) on Allen	
	LLENBECK CAROLYN) ROBERT HALLENBECK		Ĺ				
17719-A GULF BLVD.			82	Street Add	dress (P.O. Box Number is Not Acceptable	a)	
REDINGTON SHORES FL 33708			83	<u> </u>			-
· ·			84	City		85 Zip (Code
						FL _	
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 as			eni signature requ	ired when reinstating)	DATE	
TITLE			13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR	RS IN 12 Addition
NAME	III.		1.1 HILE			[_] Clarge	☐ / //
STREET ADDRESS	Amman a district the first time		1.3 STREET ADDRESS				
CITY-ST-ZIP	DESCRIPTION OF STATES		1.4 CITY-	i i			
TITLE			21 TITLE			☐ Change	Addition
NAME	HALLENBECK, CAROLYN		2.2 NAME				
STREET ADDRESS	,		2.3 STREET ADDRESS				-
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP			C Addit-
TALE			3.1 TITLE			☐ Change	Addition
NAME STREET ADDRESS	t e		3.2 NAME	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-				
TITLE			4.1 TITLE	-; =:-		Change	Addition
NAME	4		4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		DEFELE	5.1 TITLE			☐ Change	Addition
NAME CORECT LOGGECO			5.2 NAME				
STREET ADDRESS CITY-ST-ZIP			5.4 CITY-	T ADDRESS			
TITLE		DELETE	6.1 TITLE	51-2IP		Change	Addition
NAME			6.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			6.4 CITY-				ļ
	ertify that the information supplied v	with this filing does not qualify for			Section 119.07(3)(i), Florida Statutes. I fe	urther certify that the	information

noicated 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 phanged, or on an attachment with an address.