		BE DISSOLVED ON OR AFTER A				
PROFIT CORPORATION ANNUAL REPORT 1996		Sandra B. Secretary	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			
	MENT # P9300	00009147 (8)			-	
HALE N	OTORS, INC.				I INDICATE IND SPRING RESEARCH DOUGH DOUGH DA	III BOIK BAKA KOKAK KANI DIDIK KOK IBAK
Principal Place	of Business	Mailing Address				
490 SE 3RD ST. Lake Butler FL 32054		P.O. BOX 238 Lake Butler FL 32054				
					3. Date Incorporated or Qualified 02/01/1993	3a. Date of Last Report 04/18/1995
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address 26		4. FEI Number 59-3195417	Applied For Not Applicable
Suite, Apt. #, elc		Suite, Apt #, etc	Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State)	City & State			6. Election Campaign Financing	\$5.00 May Be
28 Zip Country		28	Country		Trust Fund Contribution 8. This corporation has liability for i	Added to Fees ntang ble tax under si 199.032,
24	9. Name and Address of Cur	<u></u>	30		Florida Statutes 10. Name and Address of New Re-	Yes No
HAL	LE, DONALD E		81	Name		
) S.E. 3RD STREET (E BUTLER FL 32054		82 Street Add		ess (P.O. Box Number is Not Acceptab	le)
C-Al-	AL DOTECTITE S2004		83			
			84	City	FL 85 7 p Code	
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above named corporation submits office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of dir					pration submits this statement for the purice board of directors. Thereby accept	rease of changing its requistored
agent. I ar	m familiar with, and accept the ob	oligations of Section 607,0505, Flor	ida Statutes.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
SIGNATURE .	Signature typed or protect name of registered	AND DIRECTORS	Registerea Age	nt signature require	ed when reconstating) ADDITIONS/CHANGES TO OFFIC	DATE
TITLE	P		1 1 TITLE		ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME STREET ADDRESS	ACC OF ADO OT		1.2 NAME	ADDRECC		
CITY - ST - ZIP	LAKE BUTLER FL		1 4 CITY - ST - ZIP			
TITLE		DELETE	21 TITLE			Change Addition
NAME STREET ADDRESS			2 2 NAME 2 3 STRELL ADDRESS			
CHY-SI-ZIP		PELETE	2 4 CITY - ST - ZIP		of many sign and manufactural data of many data of the state flows and the state of	Change Addition
NAME		DELETE	31 TITLE 32 NAME			Charge Adultan
STREET ADDRESS			3 3 STREET ADDRESS			
CITY-ST-ZIP TITLE	ZIP DELETE		3.4 City · St · 2iP 4.1 Title			Change Addition
NAME			4 2 NAME			
STREET ADDRESS CITY-ST-ZIP			4.3 STREET			
TITLE		DELETE	5 I TIFLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS CITY-ST-2IP			5 3 STREET ADDRESS 5 4 CITY - ST - ZIP			
TITLE		DELETE	6 1 TrTLE			Change Addition
NAME STREET ADDRESS			6.2 NAME 6.3 STREHT ADDRESS			
CITY-ST-ZIP		CONTROL OF	6.4 C+TY - S	i ZIP		
further ce made und	rtify that the information indicated der oath, that I am an officer or dir	fon this annual report or supplement ector of the corporation or the robe	ntal annual re sver or truste	eport is truo a la empowered	ify for the exemption stated in Section 1 and accurate and that my signature shall be execute this report as required by C	If have the same legal effect as if
that my na		.13 Challged or on an attactymen	// ^	iress 165	7/28/96	(20) 62n-2na1
JIGNAI	SIGNATURE AND TYPE	O OR MINTED NAME OF SIGNING OFFICER	OR DIRPCTOR	در	1/20/10	Jacob Florida