

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000026835 (7)**

To: Corporation Name:

HALLOWELL CO.

Principal Place of Business

**401 N.W. 12TH AVE
BOX 9601
DEERFIELD BEACH FL 33442**

Mailing Address

**401 N.W. 12TH AVE
BOX 9601
DEERFIELD BEACH FL 33442**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
04/09/1993

3a. Date of Last Report
05/01/1994

4. FEI Number
36-2391343

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 has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☒ No

2. Principal Place of Business

21. State, Apt. #, etc.

22. City & State

23. City

24. City

2a. Mailing Address

26. State, Apt. #, etc.

27. City & State

28. City

29. City

9. Name and Address of Current Registered Agent

**LIST, HERBERT A
401 N.W. 12TH AVE.
BOX 9601
DEERFIELD BEACH FL 33442**

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 607.04(2), 607.04(3), and 607.04(4), 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 Sections 607.04(2), Florida Statutes.

SIGNATURE

Signature of Agent or Director or Officer of the Corporation

Signature of Registered Agent (Required when Registered)

Date

12. OFFICERS AND DIRECTORS

1. TITLE

NAME
STREET ADDRESS
CITY, ST. ZIP

2. TITLE

NAME
STREET ADDRESS
CITY, ST. ZIP

3. TITLE

NAME
STREET ADDRESS
CITY, ST. ZIP

4. TITLE

NAME
STREET ADDRESS
CITY, ST. ZIP

5. TITLE

NAME
STREET ADDRESS
CITY, ST. ZIP

6. TITLE

NAME
STREET ADDRESS
CITY, ST. ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY, ST. ZIP ☐ Change ☐ Addition

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST. ZIP ☐ Change ☐ Addition

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST. ZIP ☐ Change ☐ Addition

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST. ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(2)(b), 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, the registered agent or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 1a of this report, or on any attachments with an address.

SIGNATURE:

SIGN, WRITE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-95

(305) 429-9155