

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000007574 (4)

1. Corporation Name

HALCON, INC.

900001531219
-07/06/95--01071--023
***200.00 ***200.00

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/18/1994	3a. Date of Last Report 1st Report
4. FEI Number 59-3220415	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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
WELLS, M W JR. 340 NORTH ORANGE AVENUE ORLANDO FL 32801

10. Name and Address of New Registered Agent
81 Name H.A. Lentz
82 Street Address (P.O. Box Number is Not Acceptable) 4214 WATERFRONT PKWY
83
84 City ORLANDO
85 FL
86 Zip Code 32806

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: H.A. Lentz, President; J.A. Gordon, Director
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when nonstatutory.) DATE: 4-07-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change Addition
NAME	H.A. Lentz	1.2 NAME	
STREET ADDRESS	4214 WATERFRONT PKWY	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO, FL 32806	1.4 CITY - ST - ZIP	
TITLE	NAME	2.1 TITLE	Change Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	NAME	3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	NAME	4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	NAME	5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(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 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 on an attachment with an address.

SIGNATURE: Harriet A. Lentz, President
Signature and typed or printed name of signing officer or director DATE: 4-07-95

REMITTED BY MAY 1
5/1/95