

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

FILED

Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90072 040 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000007574**

1. Corporation Name
HALCON, INC.



Principal Place of Business 4214 WATERFRONT PARKWAY ORLANDO FL 32806 US	Mailing Address 4214 WATERFRONT PARKWAY ORLANDO FL 32806 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/18/1994

4. FEI Number 59-3220415	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☒ 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 Country	28 Zip Country
24 25	29 30

9. Name and Address of Current Registered Agent

**LENTZ, H.A
4214 WATERFRONT PKWY
ORLANDO FL 32806**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	LENTZ, HARRIET	
STREET ADDRESS	4214 WATERFRONT PKWY	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GORDON, J.A	
STREET ADDRESS	1107 GREENWOOD ST.	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAYDEN, A.M.	
STREET ADDRESS	2823 BERMUDA AVE. N.	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LENTZ, JAMES D.	
STREET ADDRESS	4214 WATERFRONT PKWY	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *Harriet A. Lentz* **Harriet A. Lentz** 1-8-99 407-851-0241

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)