

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000048578 (6)

1. Corporation Name

HALSUB OF FOWLER INC.

FILED
95 JUL 19 AM 11:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

2847 CLEVELAND AVE
FT MYERS FL 33901

Mailing Address

2847 CLEVELAND AVE
FT MYERS FL 33901

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/24/1994

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

65-0502667

Applied For

Not Applicable

Suite, Apt. #, etc.

22
City & State

Suite, Apt. #, etc.

27
City & State

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. 193.032,
Florida Statutes

☒ Yes

☐ No

24

Country

25

29

Country

30

9. Name and Address of Current Registered Agent

HALGRIM, JOHN
2847 CLEVELAND AVE
FT MYERS FL 33901

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 607.0502 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 resigning)

6/20/95
DATE

12. OFFICERS AND DIRECTORS

TITLE

DP

NAME

HALGRIM, JOHN

STREET ADDRESS

2331 OAKLEY CLARK RD

CITY - ST - ZIP

ALVA FL 33920

TITLE

DST

NAME

HALGRIM, JOAN

STREET ADDRESS

2331 OAKLEY CLARK RD

CITY - ST - ZIP

ALVA FL 33920

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

DP

1.2 NAME

HALGRIM, JOHN

1.3 STREET ADDRESS

1229 Canterbury Dr.

1.4 CITY - ST - ZIP

Fort Myers, FL 33901

☒ Change ☐ Addition

Address

change

2.1 TITLE

DST

2.2 NAME

HALGRIM, JOAN

2.3 STREET ADDRESS

1229 Canterbury Dr.

2.4 CITY - ST - ZIP

Fort Myers, FL 33901

☒ Change ☐ Addition

Address

change

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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)(k), 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:

John C. Halgrim

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/95 (813) 939-1141

Date Daytime Phone