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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000048578 (6)

1. Corporation Name

HALSUB OF FOWLER INC.

Principal Place of Business

2847 CLEVELAND AVE
FT MYERS FL 33901

Mailing Address

2847 CLEVELAND AVE
FT MYERS FL 33901

2. Principal Place of Business

21

Suite, Apt. #, etc

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

HALGRIM, JOHN
2847 CLEVELAND AVE
FT MYERS FL 33901

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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

John C. Halgrim

Print Name of Registered Agent (Required when changing)

4/18/96

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DP

HALGRIM, JOHN
1229 CANTERBURY DRIVE
FT. MYERS FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DST

HALGRIM, JOAN
1229 CANTERBURY DRIVE
FT. MYERS FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

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 119.07(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

4/18/96

Daytime Phone #

CR2E034 (12/95)