FILED Apr 26, 1999 8:00 am Secretary of State

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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000047501

Principal Place of Business

HALLMAN TIMBER HARVESTING, INC.

12038 E. LINGE YOUNGSTOWN US		12038 E. Linger Longer RD. Youngstown Fl 32466 US			DO NOT WRITE IN T	HIS SP	ACE	
					06/15/1995			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number			Applied For
21		26			59-3319371		[N	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	,		Additional Required
City & State	9	City & State		-	6. Election Campaign Financing Trust Fund Contribution			May Be
23	Country	28	Country		This corporation owes the current year	- Intana		210100
Zip	·	— · — —	,		Personal Property Tax.		Yes	□No
24	9. Name and Address of Curren				10. Name and Address of New Registe			
	9. Name and Address of Curren	iit Kegistered Agent	81	Name	Italia and Italia			
HALI	LMAN, CALVIN L							
	8 E. LINGER LONGER RD.		82	Street Add	dress (P.O. Box Number is Not Acceptable)			ĺ
	NGSTOWN FL 32466		83					
100	140010111111 E 02400		63					
1			84	City		=[85 Zi	p Code
ļ.,				l			naina i	ite registered
office or r	to the provisions of Sections 607.05t egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth	onzed by	the corporat	poration submits this statement for the purposition's board of directors. I hereby accept the a	pointm	ent as	registered
SIGNATURE		<u> </u>						
	Signature, typed or printed name of registered age			t signature requir	red when reinstating) DAT ADDITIONS/CHANGES TO OFFICER:		DIDECT	FORS IN 12
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER		Change	
TITLE	Р	□ DECE IE		1		_	7 01100191	,
NAME	HALLMAN, CALVIN L		1.2 NAME					
STREET ADDRESS	12038 E. LINGER LONGER RD)		FADDRESS				ļ
CITY-ST-ZIP	YOUNGSTOWN FL		1.4 CITY-S	T-ZIP			Change	e 🗍 Addition
TITLE	ST	☐ DELETE	2.1 TITLE			L.	_ Change	3 [_] Addition
NAME	HALLMAN, ADRIENNE		2.2 NAME					
STREET ADDRESS	12038 E. LINGER LONGER RE).	2.3 STREE	T ADDRESS				1
CITY-ST-ZIP	YOUNGSTOWN FL		2.4 CITY-8	ST-ZIP				
TITLE -		. DELETE .	3.1 TITLE		-	-[] Chang	e Addition
NAME			3.2 NAME	1				1
STREET ADDRESS	'		3.3 STREE	TADDRESS				
CITY-ST-ZIP		<u> </u>	3.4. CITY-5	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			Ε] Chang	e 🗀 Addition
NAME			4.2 NAME					ŧ
STREET ADDRESS			4.3 STREE	T ADDRESS				,
CITY-ST-ZIP '			4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE	1			Chang	e 🗌 Addition
NAME				•				0 1.00.00.1
		- Occur	5.2 NAME	j				O CITAGOST
		_ occ.		TADDRESS				J. Madaesi
STREET ADDRESS	1	_ occi						J. Manasi
STREET ADDRESS CITY-ST-ZIP		DELETE	5.3 STREE		·		Chang	
STREET ADDRESS	1		5.3 STREE 5.4 CITY-S					

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

M MUSED