

3-4-98 B 2820c  
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 04 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000026490 (8)

1. Corporation Name

HALSTON, INC.

Principal Place of Business

Mailing Address

1672 SE GREEN ACRE CIRCLE STE B-201  
PORT ST LUCIE FL 34952

HALSTON, INC  
P.O. BOX 561  
JUPITER FL 33468  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/20/1996

4. FEI Number

65-0654228

Applied For

Not Applicable

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business  
21 3204 MORNING GLORY CT

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 PALM BEACH GARDENS, FL

City & State

Zip

Country

24 33410

25 PALM BEACH

Zip

Country

29

30

9. Name and Address of Current Registered Agent

HALSTON, HUGH D  
1672 SE GREEN ACRE CIRCLE STE B-201  
PORT ST LUCIE FL 34952

10. Name and Address of New Registered Agent

81 Name

HALSTON, HUGH D.

82 Street Address (P.O. Box Number is Not Acceptable)

3204 MORNING GLORY CT.

83

84 City

PALM BEACH GARDENS

FL

85 Zip Code

33410

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	PSTD	<input type="checkbox"/> DELETE
NAME	HALSTON, HUGH D	
STREET ADDRESS	3500 MARIGOLD, #215	
CITY-ST-ZIP	PALM BEACH GARDENS FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HALSTON, HUGH D	
1.3 STREET ADDRESS	3204 MORNING GLORY CT.	
1.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	

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.

SIGNATURE:

*Hugh D. Halston*

1.30.98

561-624-3735