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

PROFIT CORPORATION * ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 19 1997 8:00am

Secretary of State

904-761-9/2 N

Sandra B. Mortham

Secretary & State

DIVISION OF CORPORATIONS

DOCUMENT # P96000028193 (6)

HALIFAX PLANTATION SERVICES, INC.

Principal Place of Business Mailing Address 2990 SOUTH ATLANTIC AVE. DAYTONA BEACH SHORES FL 32118 DAYTONA BEACH SHORES FL 32118-6002										
					3. Date In 03/20	corporated or Qualified	3a. Date of	Last R	eport	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Nur	nber	·	Αp	plied For	
21		26			59-	3376283			ot Applicable	
Suite, Apt.		Suite, Apt. #, etc.	heren			5. Certificate of Status Desired				
City & State	J	28			1	n Campaign Financing \$5.00 May Be und Contribution Added to Fees				
Zip	Country	Zφ Country				8. This corporation has liability for intangible tax under s. 199.032,				
24	25	29	30		١.		Yes No		100.002.	
	9. Name and Address of Curren	t Registered Agent			10. Name	and Address of New Re	gistered Agen			
	GETT, GLENN R		81	Name	J. Doyle	Tumbleson				
555 WEST GRANADA BLVD., SUITE D-11 82 Street Addre						dress (P.O. Box Number is Not Acceptable) 50 S. Palmetto Avenue				
ORMOND BEACH FL 32174					150 S. Pa	Imetto Avenue				
,			83							
			84	City	Daytona B	aach	FL B5	Zip (Code 2114	
11. Pursuant t	to the provisions of Sections 607,050	2 and 607,1508, Florida Statute	s, the above	e-named			urpose of char	noina it	s registered	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State or familiar with sand accept the obliga	of Florida, Such change was au	uthorized by	the corp	poration's board of	directors. I hereby accep	ot the appointm	ent as	registered	
		Limbelson		٥.			3-19-97			
SIGNATURE	Signature, typed in printed har in of registered age		Registorea Age	int signature	required when roinstating		DATE	—··-		
12.	OFFICERS AND		18.			NS/CHANGES TO OFFIC				
TITLE	D	X DELETE	1.1 TITLE		PTD		xix 0	hange	☐ Addition	
NAME -	HENDERSON, R. DON	1.2 N			Uanino, A	•				
STREET ADDRESS	4000 OLD DIXIS HIGHWAY	HWAY 1.3S								
CITY-ST-ZIP	ORMOND BEACH FL 32174	1.4 C 32 DELETE 2.1 TI		T - ZIF	Ormond Beach, FL. 32174			hanna	Addition	
TITLE NAME	QUELLO, KIMAL	22 N			VD ☐ Change ☐ Change ☐ Ac			(X) Monitori		
STREET ADDRESS				ADDRESS	4000 014 Nivia Highway					
CITY-ST-ZIP				ND;/NE33 ST-ZIP	Ormond Beach, Fl. 32174					
TITLE	DELETE 311			31-211	S			hange	X Addition	
NAME	UANINO, ANTHONY			T A161						
STREET ADDRESS	2990 SOUTH ATLANTIC AVE.		3.3 STRFET	ADDRESS	4000 01d	Dixie Highway				
CITY-ST-ZIP	DAYTONA BEACH SHORES FL	. 32118	3.4. Cny - :	ST-ZIP	Ormond Be	nch, FL. 3217	4			
TITLE		☐ DELETE	4 1 THILE					hange	Addition	
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREET	ADDRESS						
CITY-ST-ZIP			4.4 DITY-S	T-7 P			, 	\h · ·	1000	
TITLE		☐ DELÉTE	5 1 MITLE				[_] (Change	Addition	
NAME			5.2 NAME							
STREET ADDRESS			5.3 \$TREET		1					
CITY-ST-ZIP		DELETE	5.4 CHY-S 6.1 TITLE	1 - ZIP				hange	Addition	
NAME		Fred Perese	6.2 NAME				٠ د	nungt	- Addition	
STREET ADDRESS			6.3 \$1 REE1	ADDRESS						
CITY-ST-ZIP			64 CITY-S							
14. I do hereb	y certify that the information supplied	with this filing does not qualify	for the exe	mplion s	tated in Section 11	9.07(3)(i), Florida Statute	s. I further certi	fy that	the	
Information I am an oi appears in	n indicated on this annual coord or s flicer or director of the conforation of n Block 12 or Block 13 changed, or	supplemental annual report is tru the receiver or trustee peripower ron an attachment with an addr	ue and acci cred to exec ress.	urate and outo this i	I that my signature report as required b	shalf have the same lega by Chapter 607, Florida S	l effect as if ma talutes; and th	ide und at my n	der oath; that name	