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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P97000003460 (7)

HALFED, INC.

Principal Place of Business 107 PINE HILL DRIVE Mailing Address

FILED May 11 1998 8:00am Secretary of State



107 PINE HILL DRIVE CULLMAN AL 35067		107 PINE HILL DRIVE CULLMAN AL 35057			
				DO NOT WRITE IN THIS :	SPACE
				3. Date incorporated or Qualified 01/07/1997	
2. Principal P	lace of Business 581 West	2a. Mailing Address		4. FEI Number	Applied For
21 Gor		26 P.O. Box	357	72-1344266	Not Applicable
Suite, Apt.		Suite, Apt #, etc.			\$8.75 Additional
22 City & State		27 City & State			Fee Required
23 St. G	conge Istand, Fl.	28 Cullman,	M.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May 8e Added to Fees
24 3232	Country	29 35056 3	Country	This corporation owes or has paid the cur Personal Property Tax due June 30.	rent year Intangible Yes No
	9. Name and Address of Current		<u> </u>	10. Name and Address of New Registered	
GIBSON, THOMAS S B1 Name					
	BEAST FOURTH STREET		82 Street Ad	discould be a label A company of the state o	
	RT ST. JOE FL 32457		62 Street Ad	dress (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		Registered Agent signature req		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	PD CHARLES	☐ DELETE	1.1 TITLE		Change Addition
NAME	BEUTTNER, CHARLES		1.2 NAME		ľ
STREET ADDRESS	706 1ST AVENUE, S.E.		1.3 STREET ADDRESS		
CITY-ST-ZIP	CULLMAN AL 35055		1.4 CITY-ST-ZIP		
TITLE	VD	DELETE	2.1 TITLE		Change Addition
NAME	HOLLAND, ROY		2.2 NAME]
STREET ADDRESS	107 PINE HILL DRIVE		2.3 STREET ADDRESS		İ
CITY-ST-ZIP	CULLMAN AL 35057		2. 4 CITY-ST-ZIP		
TITLE	SID	DELETE	3.1 TITLE		Change Addition
NAME	HOLLAND, JUNE		32 NAME		
STREET ADDRESS	107 PINE HILL DRIVE		3 3 STREET ADDRESS		
CITY-ST-ZIP	CULLMAN AL 35057		3.4. CITY - ST - ZIP		
TITLE	D	DELETE	4.1 TITLE		Change Addition
NAME	DEMONIA, JAMES		4.2 NAME		į
STREET ADDRESS	107 PINE HILL DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	CULLMAN AL 35057		4.4 CITY - ST - ZIP		
TITLE		DELETE	51 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		1
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		}
CITY-ST-ZIP			64 CITY-ST-ZIP		
	portify that the information supplied wit	this tiling does not qualify for		in Section 119 07/3Vi) Florida Statutas, I further ce	rtify that the information

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 suppliemental 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:

June C. Hollas

4.30-98 205-353

205-353-7161