

FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90011 031 ***150.00

07-09-1999 90015 030 ***408.75

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000069636 1. Corporation Name HALLCRAFT MACHING, INC.			
Principal Place of Business 3900 DOW RD., SUITE A MELBOURNE FL 32934		Mailing Address 3900 DOW RD., SUITE A MELBOURNE FL 32934	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 08/05/1998		4. FEI Number 69-3627520	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
7. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☒ No		8. Name and Address of Current Registered Agent HALL, SUZANNE M 3900 DOW RD., SUITE A MELBOURNE FL 32934	
9. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE ☐ DELETE NAME President STREET ADDRESS Suzanne M Hall CITY-ST-ZIP 425 Brookledge St NE Palm Bay, FL 32907		13.1 TITLE ☐ Change ☐ Addition 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP	
12.2 TITLE ☐ DELETE NAME V. President STREET ADDRESS David K Hall CITY-ST-ZIP 425 Brookledge St NE Palm Bay, FL 32907		13.1 TITLE ☐ Change ☐ Addition 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP	
12.3 TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		13.1 TITLE ☐ Change ☐ Addition 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP	
12.4 TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		13.1 TITLE ☐ Change ☐ Addition 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP	
12.5 TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		13.1 TITLE ☐ Change ☐ Addition 13.2 NAME 13.3 STREET ADDRESS 13.4 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, with all other filers empowered.

SIGNATURE: Suzanne M Hall Suzanne M Hall 5/1/99 (407) 242-4560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)