FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 PM 2:22

DOCUMENT # **S68615** (1)

1. Corporation Name
HALRP, INC.

Principal Place of Business
~~PO BOX 2151~~
~~TAMPA FL 33601~~ OK

Mailing Address
~~PO BOX 2151~~
~~TAMPA FL 33601~~ OK

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/25/1991
3a. Date of Last Report: 02/07/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-3092079 — Applied For / Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
Zip (24) / Country (25) / Zip (29) / Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
~~HAAS, RAYMOND A.~~ PAUL D. LEY
~~300 S HYDE PARK AVE~~
~~TAMPA FL 33602~~

10. Name and Address of New Registered Agent
01 Name: PAUL D. LEY
02 Street Address (P.O. Box Number is Not Acceptable): 5600 KODAK BLVD
03: SUITE 203
04 City: ST. PETERSBURG FL — 05 Zip Code: 33702

11. Pursuant to the provisions of Sections 607.0505 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: Paul D. Ley — 1/11/95
(Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	~~HAAS, RAYMOND A~~	1.2 NAME		
STREET ADDRESS	~~24 ADALIA AVE~~	1.3 STREET ADDRESS		
CITY ST ZIP	~~TAMPA FL~~	1.4 CITY ST ZIP		
TITLE	D	2.1 TITLE	~~SECRETARY~~ TREASURER	☑ Change ☐ Addition
NAME	AUSTIN, BRUCE D	2.2 NAME		
STREET ADDRESS	260 BELLEAIR DR NE	2.3 STREET ADDRESS		
CITY ST ZIP	ST PETERSBURG FL	2.4 CITY ST ZIP		
TITLE	D	3.1 TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	LEY, PAUL D	3.2 NAME		
STREET ADDRESS	1107 FLUSHING AVE	3.3 STREET ADDRESS		
CITY ST ZIP	CLEARWATER FL	3.4 CITY ST ZIP		
TITLE	D	4.1 TITLE	V.P	☑ Change ☐ Addition
NAME	ROE, MICHAEL A	4.2 NAME		
STREET ADDRESS	10406 TARA DR	4.3 STREET ADDRESS		
CITY ST ZIP	RIVERVIEW FL	4.4 CITY ST ZIP		
TITLE	D	5.1 TITLE	~~TREAS~~ SECRETARY	☑ Change ☐ Addition
NAME	PATSKO, JOSEPH T	5.2 NAME		
STREET ADDRESS	19210 SUNLAKE BLVD	5.3 STREET ADDRESS		
CITY ST ZIP	LUTZ FL	5.4 CITY ST ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY ST ZIP		6.4 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 is on an attached sheet with no additions.

SIGNATURE: Paul D. Ley — 1/11/95 — 576-7879
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0302443 CP