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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S68615 (1)

1. Corporation Name

HALRP, INC.

Principal Place of Business

Mailing Address

PO BOX 2151
TAMPA FL 33601

PO BOX 2151
TAMPA FL 33601



3. Date Incorporated or Qualified

07/25/1991

3a. Date of Last Report

01/18/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEY, PAUL D
9600 LEDGER BLVD
203
ST PETERSBURG FL 33702

81 Name

LEY, PAUL D.

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

9600 KOGER BOULEVARD

83

SUITE 203

84

City

ST. PETERSBURG,

FL

85

Zip Code

33702

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 not stating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE T ☐ DELETE

NAME AUSTIN, BRUCE D
STREET ADDRESS 260 BELLEAIR DR NE
CITY-STATE-ZIP ST PETERSBURG FL

1.2 TITLE P ☐ DELETE

NAME LEY, PAUL D
STREET ADDRESS 1107 FLUSHING AVE
CITY-STATE-ZIP CLEARWATER FL

1.3 TITLE V ☐ DELETE

NAME ROE, MICHAEL A
STREET ADDRESS 10406 TARA DR
CITY-STATE-ZIP RIVERVIEW FL

1.4 TITLE S ☐ DELETE

NAME PATSKO, JOSEPH T
STREET ADDRESS 19210 SUNLAKE BLVD
CITY-STATE-ZIP LUTZ FL

1.5 TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-STATE-ZIP

NAME
STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE T/D ☒ Change ☐ Addition

NAME AUSTIN, BRUCE D.
STREET ADDRESS 260 BELLEAIR DRIVE NE
CITY-STATE-ZIP ST. PETERSBURG, FL

1.2 TITLE P/D ☒ Change ☐ Addition

NAME LEY, PAUL D.
STREET ADDRESS 1107 FLUSHING AVENUE
CITY-STATE-ZIP CLEARWATER, FL

1.3 TITLE V/D ☒ Change ☐ Addition

NAME ROE, MICHAEL A.
STREET ADDRESS POST OFFICE BOX 2131
CITY-STATE-ZIP TAMPA, FL 33601-2131

1.4 TITLE S/D ☒ Change ☐ Addition

NAME PATSKO, JOSEPH T.
STREET ADDRESS POST OFFICE BOX 1882
CITY-STATE-ZIP TAMPA, FL 33601-1882

1.5 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS

CITY-STATE-ZIP

NAME
STREET ADDRESS

CITY-STATE-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 its principal 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:

JOSEPH T. PATSKO, SECRETARY/DIRECTOR 2/2/96 (813) 254-2572

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)