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
95 JUL 14 AM 11:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **V03742** **(6)**

1. Corporation Name
CRAIN / HALLAS CORP.

Principal Place of Business
101 WYMORE ROAD, SUITE 500
ALTAMONTE SPRINGS FL 32714

Mailing Address
101 WYMORE ROAD, SUITE 500
ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/30/1991**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21 8313 W. HILLSBOROUGH AVE
Suite, Apt. #, etc.
22 Suite 460
City & State
23 TAMPA
Zip 24 FL
Country 25 HILLSBOROUGH

2a. Mailing Address
26 P.O. BOX 1030
Suite, Apt. #, etc.
27
City & State
28 CORAOPOLIS PA
Zip 29 15108
Country 30 ALLEGHENY

4. FEI Number: **65-0305717** — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
TUCKER, E. GLENN
923 N. COLLIER BLVD.
MARCO ISLAND FL 33937

10. Name and Address of New Registered Agent
81 Name
82 Street Address (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 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	P	1.1 TITLE	☐ Change ☐ Addition
NAME	HALLAS, JOYCE	1.2 NAME	
STREET ADDRESS	154 HOLYHOCK CT.	1.3 STREET ADDRESS	
CITY - ST - ZIP	MARCO ISLAND FL	1.4 CITY - ST - ZIP	
TITLE	ST	2.1 TITLE	☐ Change ☐ Addition
NAME	CRAIN, LARRY	2.2 NAME	
STREET ADDRESS	154 HOLYHOCK CT.	2.3 STREET ADDRESS	
CITY - ST - ZIP	MARCO ISLAND FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		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 as changed or on an attachment with an address.

SIGNATURE: [signature] 7/6/95 412 264-7008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0039413 CP