SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **V70878** **(6)**

1. Corporation Name
HALDEMAN INVESTMENT CORP.

Principal Place of Business	Mailing Address
1140 LINCOLN CT CAPE CORAL FL 33904 US	1140 LINCOLN CT CAPE CORAL FL 33904 US

3. Date Incorporated or Qualified: 10/09/1992
3a. Date of Last Report: 08/11/1995

2. Principal Place of Business
21: 618 NE 20 Lane
22: Suite, Apt. #, etc.
23: City & State: Boynton Beach
24: Zip: 33435
25: Country: Palm Beach

2a. Mailing Address
26: 618 NE 20 Lane
27: Suite, Apt. #, etc.
28: City & State: Boynton Beach
29: Zip: 33435
30: Country: Palm Beach

4. FEI Number: 65-0379144 ☐ 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
TOMLINSON, CHARLES W. III
1140 LINCOLN CT
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 618 NE 20 Lane
83
84 City: Boynton Beach FL 85 Zip Code: 33435

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 _____ (If changing Registered Agent, Registered Agent Signature required below) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	EGNATINSKY, JACK		1.2 NAME		
STREET ADDRESS	106 CROSS RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	SYRACUSE NY		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RAMICH, JAMES M.		2.2 NAME		
STREET ADDRESS	887 UPLAND DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ELMIRA NY		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	TOMLISON, JANET F.		3.2 NAME		
STREET ADDRESS	1140 LINCOLN CT		3.3 STREET ADDRESS	618 N.E. 20 Lane	
CITY-ST-ZIP	CAPE CORAL FL		3.4 CITY-ST-ZIP	Boynton Beach, FL 33435	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
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			6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Janet Tomlinson — 8/5/96 — 561-499-8148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Secretary