SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED Sep 09 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # (6) HALDEMAN INVESTMENT CORP. Principal Place of Business Mailing Address 618 NE 20TH LANE **BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 10/09/1992 08/09/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0379144 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Eie 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TOMLINSON, CHARLES W. III 618 NE 20 LANE Street Address (P.O. Box Number is Not Acceptable) 82 **BOYNTON BEACH FL 33435** 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, 13. (4/97) DELETE Addition Change TITLE 1.1 TOLE **EGNATINSKY, JACK** 1.2 NAME NAME **CR2E034** 106 CROSS RD. 1.3 STREET ADDRESS STREET ADDRESS SYRACUSE NY CITY-ST-ZIP 1.4 CITY-ST-ZIP **VPD** ... DELETE 2.1 TITLE Change Acdition TITLE RAMICH, JAMES M. NAME 2.2 NAME 887 UPLAND DR. 2.3 STREET ADDRESS STREET ADDRESS **ELMIRA NY** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE TOMLISON, JANET F. 3.2 NAME NAME **818 N.E. 20 LANE** STREET ADDRESS 3.3 STREET ADDRESS **BOYNTON BEACH FL** 3 4. C(TY-ST-Z)P CITY-ST-ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST-ZIP 4.4 CITY-ST-ZIP DELETE 51 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-\$1-ZIP DELETE Change Addition TITLE 6.1 TITLE 62 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 tam 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 it changed, or operating address.

- - Fin

0/2/07

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

CITY-ST-ZIP