

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 673588 (0)

1. Corporation Name

HALKEY-ROBERTS CORPORATION



Principal Place of Business

11600 9TH STREET NORTH
ST. PETERSBURG FL 33716-2397
US

Mailing Address

11600 9TH STREET NORTH
ST. PETERSBURG FL 33716-2397
US

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324

3. Date Incorporated or Qualified

06/16/1980

3a. Date of Last Report

02/07/1995

4. FEI Number

59-2013247

Applied For

Net 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

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 607.1808, 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 by agent or person authorized to act as agent

Signature by agent or person authorized to act as agent

(P.S.)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

☒ DELETE

NAME

OLDFORD, JOHN S

STREET ADDRESS

99 WOOD AV. SOUTH

CITY-STATE-ZIP

ISELIN NJ

TITLE

V

☐ DELETE

NAME

PALUS, EDWARD J.

STREET ADDRESS

11600 9TH ST NORTH

CITY-STATE-ZIP

ST. PETERSBURG FL

TITLE

V

☒ DELETE

NAME

HEIJMANS, JOHN M.

STREET ADDRESS

11600 9TH ST. NORTH

CITY-STATE-ZIP

ST. PETERSBURG FL

TITLE

D

☒ DELETE

NAME

HEMSTEAD, GEORGE

STREET ADDRESS

99 WOOD AV SOUTH

CITY-STATE-ZIP

ISELIN NJ

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

NAME

STREET ADDRESS

CITY-STATE-ZIP

NAME

STREET ADDRESS

CITY-STATE-ZIP

NAME

STREET ADDRESS

CITY-STATE-ZIP

1. TITLE

P

☒ Change ☐ Addition

2. NAME

GAMBLE, CHARLES S.

3. STREET ADDRESS

11600 9th ST. North

4. CITY-STATE-ZIP

St. Petersburg FL 33716-2397

5. TITLE

2. TITLE

☐ Change ☐ Addition

6. NAME

2. NAME

7. STREET ADDRESS

2. STREET ADDRESS

8. CITY-STATE-ZIP

2. CITY-STATE-ZIP

9. TITLE

3. TITLE

☐ Change ☒ Addition

10. NAME

3. NAME

11. STREET ADDRESS

3. STREET ADDRESS

12. CITY-STATE-ZIP

3. CITY-STATE-ZIP

13. TITLE

4. TITLE

☐ Change ☒ Addition

14. NAME

4. NAME

15. STREET ADDRESS

4. STREET ADDRESS

16. CITY-STATE-ZIP

4. CITY-STATE-ZIP

17. TITLE

5. TITLE

☐ Change ☒ Addition

18. NAME

5. NAME

19. STREET ADDRESS

5. STREET ADDRESS

20. CITY-STATE-ZIP

5. CITY-STATE-ZIP

21. TITLE

6. TITLE

☐ Change ☐ Addition

22. NAME

6. NAME

23. STREET ADDRESS

6. STREET ADDRESS

24. CITY-STATE-ZIP

6. 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 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 on an attachment with an address.

SIGNATURE:

Edward J. Palus
EDWARD J. PALUS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/96

813 577 1300

Date

Telephone #

CR2E034 (12/95)