

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **820135** (2)
1. Corporation Name
HALL CONTRACTING CORPORATION



Principal Place of Business: **6415 LAKEVIEW ROAD, PO BOX 560218, CHARLOTTE NC 28256**
Mailing Address: **6415 LAKEVIEW ROAD, PO BOX 560218, CHARLOTTE NC 28256**

2. Principal Place of Business: 21 Subj. Appl. No., 22 City & State, 23 Zip, 24 Country, 25
2a. Mailing Address: 26 Subj. Appl. No., 27 City & State, 28 Zip, 29 Country, 30

3. Date incorporated or organized: **12/27/1966**
3a. Date of last report: **01/31/1995**
4. FEIN Number: **61-0489373**
5. Contribution of State-Deductible: **\$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. 199.042, Florida Statutes: Yes No

g. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 602.05(2) and 607.15(1)(b), 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. Thereby, I accept the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 607.15(1)(b), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

TYPE	CD	<input type="checkbox"/> DELETED
NAME	HALL, KENNETH E.	
STREET ADDRESS	5536 ESCONDIDA BLVD.	
CITY-STATE	ST. PETERSBURG FL	
TYPE	PD	<input type="checkbox"/> DELETED
NAME	HALL, MICHAEL K.	
STREET ADDRESS	4106 WILD PARTRIDGE DR.	
CITY-STATE	CHARLOTTE NC	
TYPE	VD	<input type="checkbox"/> DELETED
NAME	WALTERS, J.M.	
STREET ADDRESS	645 THOROUGHbred LANE	
CITY-STATE	ELIZABETHTOWN KY	
TYPE	STD	<input type="checkbox"/> DELETED
NAME	LOHER, BRIAN H.	
STREET ADDRESS	109 N. BRACKENBURY LANE	
CITY-STATE	CHARLOTTE NC	
TYPE	V	<input type="checkbox"/> DELETED
NAME	SHUTT, RICHARD L.	
STREET ADDRESS	1106 BLACKTHORN ROAD	
CITY-STATE	LOUISVILLE KY	
TYPE	V	<input type="checkbox"/> DELETED
NAME	MCCARTHY, MICHAEL	
STREET ADDRESS	RT.1, BOX 68G	
CITY-STATE	TROUTMAN NC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TYPE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	St. Petersburg, FL 33715
STREET ADDRESS	Charlotte, NC 28226
CITY-STATE	Elizabethtown, KY 42701
TYPE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V/S/T/D
STREET ADDRESS	Charlotte, NC 28270
CITY-STATE	Louisville, KY 40299
TYPE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	154 Perthwood Drive
STREET ADDRESS	Troutman, NC 28166

14. I declare, under the intent of this provision, that I am not qualified for the exemption under Section 119.07(4)(c), Florida Statutes. I further certify that the information published on this annual report or supplementary 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 stockholder thereof and that the report is required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an attachment with annual fees.

SIGNATURE: *Brian H. Loher*, Brian H. Loher, CFO/VP 03/22/96 704-598-0818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)