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**Jan 27 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 28256-0218**

3. Date Incorporated or Qualified: **12/27/1966**
3a. Date of Last Report: **04/01/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	61-0489373	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	28	29
Zip	Country	24	30
25	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, KENNETH E.	1.2 NAME	
STREET ADDRESS	5536 ESCONDIDA BLVD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL 33715	1.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, MICHAEL K.	2.2 NAME	
STREET ADDRESS	4106 WILD PARTRIDGE DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	CHARLOTTE NC 28226	2.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTERS, J.M.	3.2 NAME	
STREET ADDRESS	645 THOROUGHbred LANE	3.3 STREET ADDRESS	
CITY - ST - ZIP	ELIZABETHTOWN KY 42701	3.4 CITY - ST - ZIP	
TITLE	VSTD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOHER, BRIAN H.	4.2 NAME	
STREET ADDRESS	109 N. BRACKENBURY LANE	4.3 STREET ADDRESS	
CITY - ST - ZIP	CHARLOTTE NC 28270	4.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUTT, RICHARD L.	5.2 NAME	
STREET ADDRESS	1106 BLACKTHORN ROAD	5.3 STREET ADDRESS	
CITY - ST - ZIP	LOUISVILLE KY 40299	5.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARTHY, MICHAEL	6.2 NAME	
STREET ADDRESS	154 PERTHWOOD DR	6.3 STREET ADDRESS	
CITY - ST - ZIP	TROUTMAN NC 28166	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Brian H. Loher, VP/CFO** 01-16-97 704-598-0818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)