## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED PROFIT** FLORIDA DEPARTMENT OF STATE Jan 15 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS DOCUMENT #** (3)J21612 HALL & SONS ENTERPRISES, INC. Principal Place of Business Mailing Address 5500 WESTBURY DR. 5500 WESTBURY DR. ORLANDO FL 32808 ORLANDO FL 32808 DO NOT WRITE IN THIS SPACE LIS 3. Date Incorporated or Qualified 06/30/1986 Principal Place of Business 2a. Mailing Address Applied For FEI Number <u>> ~ ~ ~ </u> 26 59-2626562 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing **\$5.00** May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 30 Yes 25 29 Personal Property Tax due June 30. 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 RUSSELL L. HALL 5500 WESTBURY DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32808 83 84 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 family with, and accept the obligation of, Section 607.0505, Florida Statutes. SIGNATURE name of registered agent a (NOTE: Repistered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 1111116 HALL, RUSSELL L. NAME 12 NAME 5500 WESTBURY DRIVE 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 1.4 CITY - ST - ZIP CITY-ST-ZIP Change DELETE TITLE 2.1 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3,3 STREET ADDRESS STREET ADDRESS 3.4. City-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE 6.2 NAME NAME

CR2E034

14. I 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 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 of on an attachment with an address. -3*-98* 

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP