## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # 176842

1. Corporation Name

HALL FURNITURE COMPANY, INC.

Principal Place	of Business	Mailing Address				•		
540 HARRISON AVE		540 HARRISON AVE				_		
PO BOX 266		PO BOX 266		DO NOT WRITE IN THIS SPACE				
PANAMA CITY FL 32401		PANAMA CITY FL 32401			3. Date Incorporated or Qualifed			
					01/07/1954			
0. 0.5	an of Business	2a. Mailing Address			4. FEI Number	App	lied For	62
2. Principal Place of Business		26			59-0707075 Not Applicable			
Prite And the ote		Suite, Apt. #, etc.				\$8.75 Ac	dditional	٨,
Suite, Apt. #, etc.		27			5. Certifcate of Status Desired	Fee Req	luired	
City & State		City & State			6. Election Campaign Financing	\$5.00 \	May Be	
<del>-</del>		28		Trust Fund Contribution	Added to	Fees		
Zip Country		Zip Country		8. This corporation owes the current year Intangible				
24	25	29	30		Personal Property Tax.		□No	
24	9. Name and Address of Curren				10. Name and Address of New	Registered Agent		
				81 Name				
HALL	_, CHARLES R.			82 Street Ad	dress (P.O. Box Number is Not Accep	table)	<del>-</del>	
509 S BONITA AVE				Siledino	oresa (r. jo. Bez (raine)	<b>,</b> <del></del>	<u> </u>	
PANA	AMA CITY FL 32401		ļ	83				
				-		85 Zip C	ode	
				84 City	prporation submits this statement for the	FL   L		
agent. i ar	m familiar with, and accept the obliga	HOUS OF DECISOR CO. GOOD!						
SIGNATURE		_			uired when reinstating)	DATE		ŝ
SIGNATURE	Signature, typed or printed name of registered ager	_			uired when reinstating)  ADDITIONS/CHANGES TO O	FFICERS AND DIRECTO		(0)
	Signature, typed or printed name of registered ager	nt and title if applicable. (N	OTE: Registered	Agent signature requ	uired when reinstating) ADDITIONS/CHANGES TO O		RS IN 12	1007
12.	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NID DIRECTORS	OTE: Registered	Agent signature requ	uired when reinstating)  ADDITIONS/CHANGES TO O	FFICERS AND DIRECTO		1001111
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14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

IGNATURE AND THE ON SIGNING OF IGENS OF DIRECTOR) PREMISED PREMISE

850-713-2847 Daytime Phone #

**FILED** 

Feb 10, 1999 8:00 am Secretary of State

02-10-1999 90025 040 \*\*\*150.00

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