2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 176842** Jan 19, 2000 8:00 am 1. Entity Name **Secretary of State** HALL FURNITURE COMPANY, INC. 01-19-2000 90305 042 ***150.00 Principal Place of Business Mailing Address 540 HARRISON AVE 540 HARRISON AVE PO BOX 266 PO BOX 266 PANAMA CITY FL 32401 PANAMA CITY FL 32401-2622 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-0707075 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HALL, CHARLES R. Street Address (P.O. Box Number is Not Acceptable) **509 S BONITA AVE** PANAMA CITY FL 32401 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. ature required when reinstating FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition Change TITLE TITLE Delete NAME NAME HALL.HOWARD K STREET ADDRESS STREET ADDRESS **509 SOUTH BONITA AVE.** CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL ☐ Addition ☐ Delete Change TITLE NAME HALLISABEL S STREET ADDRESS STREET ADDRESS 509 SOUTH BONITA AVE. CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL ☐ Change Addition 🔲 Delete TITLE TITLE" NAME NAME **HUDSON, DORIS JEAN** STREET ADDRESS STREET ADDRESS 2104 E. NORWOOD DR. CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE PD NAME NAME HALL, C.R. STREET ADDRESS STREET ADDRESS 17351 W. HWY. 98 #404E CITY-ST-ZIP CITY-ST-7IP PANAMA CITY BEACH FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

mendet 1/1/2000 850-763-28