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PROFIT CORPORATION ANNUAL REPORT

1996

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

2-5-96 B C

DOCUMENT # **312720** (6) 0730

1. Corporation Name

HALL'S LODGE, INC.

Principal Place of Business	Mailing Address
1575 W. HWY 40 RT 2 BOX 119 ASTOR FL 32102-7903	1575 W. HWY 40 ASTOR FL 32102-7903 US

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: **01/16/1967**	3a. Date of Last Report: **02/20/1995**
4. FEI Number: **59-1166924**	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$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. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

LUCAS,CHARLES R
1803 RIVEREDGE DR
ASTOR FL 32102

10. Name and Address of New Registered Agent

81 Name: Laura L. Lucas
82 Street Address (P.O. Box Number is Not Acceptable): 1803 Riveredge Dr.
83
84 City: Astor FL 85 Zip Code: 32102

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: Laura L. Lucas — Laura L. Lucas President — DATE: 1-30-96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD LUCAS, CHARLES 1803 RIVEREDGE DR. ASTOR, FL 00000	☒ DELETE	1-1 TITLE / 1-2 NAME / 1-3 STREET ADDRESS / 1-4 CITY-ST-ZIP	Pres.dent P Laura L. Lucas 1803 Riveredge Dr. Astor, Florida 32102	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD LUCAS,LAURA L 1803 RIVEREDGE DR. ASTOR FL	☒ DELETE	2-1 TITLE / 2-2 NAME / 2-3 STREET ADDRESS / 2-4 CITY-ST-ZIP	Co-Vice President Co-V Raymond P Lucas 1000 Saul Rd. Emporia, Florida 32180	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LUCAS,RAYMOND P 1000 SAUL RD. EMPORIA FL	☒ DELETE	3-1 TITLE / 3-2 NAME / 3-3 STREET ADDRESS / 3-4 CITY-ST-ZIP	Cc Vice President Co-V Curtis E. Lucas 1881 Stone Rd. Pierson Florida 32180	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4-1 TITLE / 4-2 NAME / 4-3 STREET ADDRESS / 4-4 CITY-ST-ZIP	Secretary, Treasurer S.T. Susan L. Saul 549 Emporia Rd. Pierson, Florida 32180	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5-1 TITLE / 5-2 NAME / 5-3 STREET ADDRESS / 5-4 CITY-ST-ZIP	Director D Charles Ray Lucas 1803 Riveredge Dr. Astor, Florida 32102	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6-1 TITLE / 6-2 NAME / 6-3 STREET ADDRESS / 6-4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Laura L. Lucas — Laura L. Lucas — 1-30-96 — 904-749-4642
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #