

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

FILED

Mar 05 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 # 312720 (6)

1. Corporation Name:
HALL'S LODGE, INC.

Principal Place of Business:

1575 W. HWY 40
RT 2 BOX 119
ASTOR FL 32102-7903

Mailing Address:

1575 W. HWY 40
ASTOR FL 32102-7903
US

3. Date Incorporated or Qualified: 01/16/1967
3a. Date of Last Report: 02/05/1996

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

2. Principal Place of Business:

21 Suite Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address:

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

LUCAS, LAURA L
1803 RIVEREDGE DR
ASTOR FL 32102

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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: *Laura L. Lucas, President* *Laura L. Lucas, President* 2/26/97
DATE

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	LUCAS, LAURA L	
STREET ADDRESS	1803 RIVEREDGE DR.	
CITY- ST- ZIP	ASTOR, FL 00000	
TITLE	CCP	DELETE
NAME	LUCAS, RAYMOND P	
STREET ADDRESS	1000 SAUL RD	
CITY- ST- ZIP	EMPORIA FL	
TITLE	CVP	DELETE
NAME	LUCAS, CURTIS E	
STREET ADDRESS	1881 STONE RD	
CITY- ST- ZIP	PIERSON FL	
TITLE	ST	DELETE
NAME	SAUL, SUSAN L	
STREET ADDRESS	593 EMPORIA RD	
CITY- ST- ZIP	PIERSON FL	
TITLE	D	DELETE
NAME	LUCAS, CHARLES R	
STREET ADDRESS	1803 RIVEREDGE DR	
CITY- ST- ZIP	ASTOR FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CVP Lucas, Raymond P.
2.3 STREET ADDRESS	1,000 Saul Rd.
2.4 CITY- ST- ZIP	Emporia, FL.
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Linda L. Ziegler
6.3 STREET ADDRESS	Edenkobener Str. 40
6.4 CITY- ST- ZIP	67487 St. Martin Germany

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: *Laura L. Lucas, President* 2/26/97 904-749-4642
DATE Daytime Phone #

CR2E034 (9/96)