

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

FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/16/1967	
21		26		4. FEI Number 59-1166924	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip	25	Country	29	30

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCAS, LAURA L	1.2 NAME	
STREET ADDRESS	1803 RIVEREDGE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ASTOR, FL 00000	1.4 CITY-ST-ZIP	
TITLE	CVP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCAS, RAYMOND P	2.2 NAME	
STREET ADDRESS	1000 SAUL RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	EMPORIA FL	2.4 CITY-ST-ZIP	
TITLE	CVP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCAS, CURTIS E	3.2 NAME	
STREET ADDRESS	1881 STONE RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PIERSON FL	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUL, SUSAN L	4.2 NAME	
STREET ADDRESS	593 EMPORIA RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PIERSON FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCAS, CHARLES R	5.2 NAME	
STREET ADDRESS	1803 RIVEREDGE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	ASTOR FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDA L. ZIEGLER	6.2 NAME	
STREET ADDRESS	EDENKOBENER STR 40	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. MARTIN GE	6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Laura L Lucas* President (904) 449-7505

CR2E034 (10/97)