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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 312720

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/16/1967

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 owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 1803 Riveredge Dr.

2a. Mailing Address

26 1803 Riveredge Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Astor, Florida

City & State

28 Astor, Florida

Zip

24 32102

Country

25 U.S.A.

Zip

29 32102

Country

30 U.S.A.

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME LUCAS, LAURA L
STREET ADDRESS 1803 RIVEREDGE DR.
CITY-ST-ZIP ASTOR, FL 00000

TITLE CVP ☐ 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 D ☐ DELETE

NAME LINDA L. ZIEGLER
STREET ADDRESS EDENKOBENER STR 40
CITY-ST-ZIP ST. MARTIN GE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Laura L. Lucas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/99
Date

904-749-4642
Daytime Phone #