FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 AM 11:52

DOCUMENT # 441536 (0)

1. Corporation Name
HAL LIVELY ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
1300 N.E. 45TH PL. OCALA FL 32670	~~1300 NE 45TH PL~~ ~~OCALA FL 32670~~ 15311 SE 105 Terr Rd Summerfield, FL 34491

3. Date Incorporated or Qualified: 12/10/1973
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business
21: 15311 SE 105 Terr Rd
Suite, Apt. #, etc. 22:
City & State 23: Summerfield, FL
Zip 24: 34491 Country 25:

2a. Mailing Address
26: 15311 SE 105 Terr Rd
Suite, Apt. #, etc. 27:
City & State 28: Summerfield, FL
Zip 29: 34491 Country 30:

4. FEI Number: 59-1501359 ☐ 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

POPE, DOROTHY CAROL
1300 N.E. 45TH PL.
OCALA FL 32670

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	~~PD~~ X ☐ Change ☐ Addition
NAME	LIVELY, HAL W. JR.	1.2 NAME	
STREET ADDRESS	~~1300 NE 45TH PLACE~~ 15311 SE 105 Terr Rd	1.3 STREET ADDRESS	Lively, Hal W. Jr.
CITY-ST-ZIP	~~OCALA FL~~ Summerfield, FL 34491	1.4 CITY-ST-ZIP	15311 SE 105 Terr Rd Summerfield, FL 34491
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	DANIEL, BEN JR.	2.2 NAME	
STREET ADDRESS	1300 NE 45TH PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	LIVELY, ELVA JANE	3.2 NAME	D
STREET ADDRESS	1300 NE 45TH PLACE	3.3 STREET ADDRESS	Lively, Elva Jane
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	15311 SE 105 Terr Rd Summerfield, FL 34491
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Hal W Lively, Jr 1-31-95 904-288-6101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0393886 CP