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

**FILED** Apr 01 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 459310 HALLS' ENTERPRISES INC. Mailing Address Principal Place of Business 5975 CHEROKEE DR 6506 CAROLINE ST. MILTON FL 32570 MILTON FL 32570 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/07/1974 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1567041 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 Country Zip Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 🔀 Yes 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name SCHWARTZ, ATHENA D. 5975 CHEROKEE DR Street Address (P.O. Box Number is Not Acceptable) MILTON FL 32570 R3 Zip Code City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition PN 1.1 TITLE TITLE SCHWARTZ, RICHARD L. 1.2 NAME NAME **5975 CHEROKEE DR** 1.3 STREET ADDRESS STREET ADDRESS MILTON FL CITY-ST-ZIP 1.4 CITY-ST-ZIP VISD Pres-V. Pres-Secr. - Treas ☐ Addition DELETE 21 TITLE TITLE Schwartz, Athena SCHWARTZ, ATHENA D. 2.2 NAME NAME **5975 CHEROKEE DR** 2.3 STREET ADDRESS STREET ADDRESS MILTON FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition Change Director DELETE 3.1 TITLE TITLE Hobert & Patterson 3.2 NAME NAME 10800 charles mcCranie Rd. 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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

CITY-ST-ZIP

Block 12 or Block 13 if changed