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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **503162** **(0)**

1. Corporation Name
~~BOLT, SPENCE & HALL, P.A.~~
BOLT, THURLOW & HALL, P.A.

Principal Place of Business	Mailing Address
221 N. CAUSEWAY NEW SMYRNA BEACH FL 32169 US	221 N CAUSEWAY NEW SMYRNA BCH FL 32169-5239 US

3. Date Incorporated or Qualified: 05/10/1976	3a. Date of Last Report: 02/16/1996
4. FEI Number: 59-1674586	☐ 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	2a. Mailing Address
21 415 Canal Street	26 415 Canal Street
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 New Smyrna Beach, FL	City & State 28 New Smyrna Beach, FL
Zip: 24 32168 Country: 25 Volusia	Zip: 29 32168 Country: 30 Volusia

9. Name and Address of Current Registered Agent

SPENCE, HAL
221 NORTH CAUSEWAY
NEW SMYRNA BCH FL 32169

10. Name and Address of New Registered Agent

81 Name: Mark R. Hall
82 Street Address (P.O. Box Number is Not Acceptable): 415 Canal Street
83
84 City: New Smyrna Beach FL 85 Zip Code: 32168

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: Mark R. Hall DATE: 3/27/97
Signature, type 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	D	** DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SPENCE, HAL		1.2 NAME		
STREET ADDRESS	221 NORTH CAUSEWAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH FL		1.4 CITY-ST-ZIP		
TITLE	PAS	** DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SPENCE, HAL		2.2 NAME		
STREET ADDRESS	221 N. CAUSEWAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BCH FL		2.4 CITY-ST-ZIP		
TITLE	STV	☐ DELETE	3.1 TITLE	President	☒ Change ☐ Addition
NAME	HALL, MARK R.		3.2 NAME	Hall, Mark R.	
STREET ADDRESS	221 N. CAUSEWAY		3.3 STREET ADDRESS	415 Canal Street	
CITY-ST-ZIP	NEW SMYRNA BCH FL		3.4 CITY-ST-ZIP	New Smyrna Beach, FL 32168	
TITLE	DAT	☐ DELETE	4.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	THURLOW, ROBERT S.		4.2 NAME	Robert S. Thurlow	
STREET ADDRESS	221 N. CAUSEWAY		4.3 STREET ADDRESS	415 Canal Street	
CITY-ST-ZIP	NEW SMYRNA BEACH FL		4.4 CITY-ST-ZIP	New Smyrna Beach, FL 32168	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: Mark R. Hall 3/17/97 904. 424. 1530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0024187