FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

F95000005692 (7)

[1.	OCUI Corporation	MENT #	F9500	0005692 (7	')						
	D. P. I	HALL BUILI	DERS, INC.								
Principal Place of Business Mailing Address											J FAILE HALL FAAL
595 LAKEMONT COURT ROSWELL GA 30075				595 LAKEMONT COURT ROSWELL GA 30075							
								3. Date incorporated or Qualified 11/21/1995	3a. Date of La	st Re	port
	Principal Pla	nal Place of Business 2a, Mailing Address						4. FEI Number		A	pplied For
21		26						53-2000237		N	lot Applicable
22	Suite, Apt. i	pt. #, etc. Suite, Apt. #, etc.					5, Certificate of Status Desired			Additional	
[24]	City & State	· · · · · · · · · · · · · · · · · · ·						6. Election Campaign Financing			lequired May Be
23	,			28				Trust Fund Contribution			имау ве I to Fees
	Zφ	F-3 }			Cou	ntry		8. This corporation has liability for in			
24		25		29	30		. _,	Florida Statutes Yes			
}		y, Name ar	IO Address of Currel	nt Registered Agent		81	Name	10. Name and Address of New Re	gistered Agent		
WOODWARD, THOMAS B ESQ.											
1017 THOMASVILLE ROAD, STE. B						82	Street Addre	ess (P.O. Box Number is Not Acceptable))		
		ASSEE FL 3				83					
						84	City		85	Zip	Code
	D	- Al		0 1 007 4500 50	10 b	_	•		FL		
''	or register	o the provisions ed agent, or bo	th, in the State of Flori	z and 607, 1508, Florida Statute ida. Such change was authorize	es, the abo ed by the o	ve-n orpo	iamed corpora oration's board	ation submits this statement for the purp d of directors. I hereby accept the appoi	ose of changing ntment as regist	its re ered a	egistered office agent. I am
		n, and accept t	ine obligations of, Sect	tion 607.0505, Florida Statutes	i.,						
Si	GNATURE _	Signature, typod or p	rinted name of registered agen	t and title if applicable. (NO	TE Registered	Agent	t signature required	when reinstating)	DATE		
12			OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	·		
TrT		CPST	AINIO W	☐ DELETE	1. 1 T				☐ Char	nge	☐ Addition
l	ME REET ADDRESS	HALL, DE	MONT COURT		1.2 N/		ADDRESS				
	Y · ST · ZIP	_	. GA 30075		1.4 CI						
TIT		DV	. 41 000/0	☐ DELETE	2.17		1-21		Char	nge	Addition
NA.	ME	HALL, PA	TRICIA	_	2 2 N/	ME				•	_
STE	REET ADDRESS		MONT COURT		2351	REET	ADDRESS				
CIT	Y-ST-ZIP	ROSWELL	. GA 30075		24 CI	[Y-\$]	T- ZIP				
TIT				☐ DELETE	3 1 7				☐ Char	nge	☐ Addition
ħΑ					3.2 N/						
1	REE1 ADDRESS						ADDRESS				
TIT	Y-ST-ZIP			☐ DELETE	3.4 CI		1-ZIP		[] Char		- Addition
NA					4. 1 Ti				☐ cua	ιAc	☐ Addition
t t	REET ADDRESS						ADDRESS				
	Y-SI-ZIP				4.4 00						
10				DELETE	5. 1 Ti	*****			☐ Char	nge	Addition
NA	ME				5.2 N/	ME			_		
STE	REFT ADDRESS				5.3 51	REET.	ADDRESS				
	Y-ST-ZIP				5.4 C(Y-S	T-ZIP		····································		
TIT				☐ DELETE	6. 1 To				Char	nge	Addition
NAI	1				62 N/						
ı SIL	REFLADORESS				■ 63 ST	REET	ADD8666				

6.4 CITY - ST - ZIP 14. Ido 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)(k). 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 cath; 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: DENNIS WHALL

CHTY-ST-ZIP

CR2E034 (12/95)