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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Jun 16 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F95000005692 (7)

D. P. HALL BUILDERS, INC.

~							
Principal Plac	e of <b>B</b> usiness	Mailing Address	Mailing Address				
595 LAKEMONT ROSWELL GA		595 LAKEMONT COURT ROSWELL GA 30075-3238					
						3. Date Incorporated or Qualified 11/21/1995 3a. Date of Last Report 04/30/1996	
	lace of Business	<u> </u>	2a. Mailing Address			4. FEI Number Applied For	
21 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		<b>26</b>	Suita Apt # ptg			53-2000237 Not Applicable	
22		27	<u> </u>			5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & State		28	<del>-</del>			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees	
Zip Country		Zip				B. This corporation has liability for intangible tax under s. 199.032,	
<b>-</b>		29	30			Florida Statutes Yes No	
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered Agent	
WOO	ODWARD, THOMAS B ESQ.			81	Name		
	7 THOMASVILLE ROAD, STE. B		f	82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
TALI	LAHASSEE FL 32303		Į,	_			
			j'	B3			
			84		City	FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corpor							
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	-	<b>,</b>					
Signature, typed or printed name of registrated agent and title if applicable (NOTE: Registered Agent				nt signature requi			
12. OFFICERS AND DIRECT			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	OPST	☐ DELETE	1.1 TITLE			Change Addition	
NAME	HALL, DENNIS W		12 NAME				
STREET ADDRESS	595 LAKEMONT COURT ROSWELL GA 30075		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP				
CITY-ST-ZIP TITLE	NOSWELL CA 300/5 1.4 CH DV □ DELETE 2.1 TM			1 - ZIP	Change Addition		
NAME -	AAAA BARBAAA		2.2 NA1			Fig. 1990	
STREET ADDRESS	595 LAKEMONT COURT		2.3 STREET ADDRESS		ADORESS	·	
CITY-ST-ZIP	ROSWELL GA 30075		2. 4 CITY - ST				
TITLE		DELETE	3.1 TITLE			Change Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS		ADDRESS		
CITY-ST-ZIP			3.4. CH	Y-S	T - ZIP		
TITLE		☐ DELETE	4.1 TITL			Change Addition	
NAME			4. 2 NAME		ŀ		
STREET ADDRESS			4.3 STREET ADDRESS		j		
CITY-ST-ZIP		. 44.0 □ DELETE 5.11			1 - ŽIP	Change Addition	
TITLE NAME						Fill rusuffe	
STREET ADDRESS			5.2 NAM 5.3 STA		ADDRESS		
CITY-ST-ZIP		•					
TITLE		DELETE	54 CITY-S' 61 TITLE		7. 4.71	☐ Change ☐ Addition	
NAME			6.2 NAME			· —	
STREET ADDRESS	RESS		6.3 STREET ADDRESS		ADDRESS		
CITY-ST-ZIP	6		6.4 C(1	Y-S1	T-ZIP		
14. I do herel	by certify that the information supplies indicated on this provide coast	ed with this filling does not qual	ify for the e	exer	mption stated	d 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 tegal 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.							