2000 UNIFORM BUSINESS REPORT (UBR) FILED May 23, 2000 8:00 am Secretary of State DOCUMENT # **F99000006238** HALL HOUSING INVESTMENTS, INC. 05-23-2000 90215 003 ***150.00 Mailing Address Principal Place of Business 2967 ROSS CLARK CIRCLE 2967 ROSS CLARK CIRCLE DOTHAN AL 36301 DOTHAN AL 36301 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State 4. FEI Number City & State 63-1071676 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -Name-HATCHER, ANGELA Street Address (P.O. Box Number is Not Acceptable) 1931 BUCKFIELD DRIVE TALLAHASSEE FL 32311 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ¹ ☐ Addition PCD ☐ Delete TITLE TITLE HALL, GARY NAME NAME STREET ADDRESS 2967 ROSS CLARK CIRCLE STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP DOTHAN AL 36301 ☐ Change Addition ☐ Delete TITLE HALL, GARY NAME NAME STREET ADDRESS 2967 ROSS CLARK CIRCLE STREET ADDRESS CITY-ST-ZIP DOTHAN AL 36301 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME MANAE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change 1 Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE;

SIGNATURE AND TYPED OF PRINCEPHAME OF SIGNING OFFICER OR DIRECTOR

1/00 334-702-785