

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

FILED

May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G78936** (3)
1. Corporation Name
BUD HALL INC.

Principal Place of Business
**1509 PINE RIDGE RD
NAPLES FL 33942
US**

Mailing Address
**1509 PINE RIDGE RD
NAPLES FL 34109-2127
US**

10168 Geni Hills Circle

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 <i>Jacksonville, FL</i>	27 City & State
23 City & State	28 City & State
24 Zip <i>32225</i>	29 Zip
25 Country <i>DUVAL</i>	30 Country

3. Date Incorporated or Qualified 01/01/1984	3a. Date of Last Report 02/20/1996
4. FEI Number 59-2381902	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**HALL, H. M.
1509 PINE RIDGE RD
NAPLES FL 33942**

10. Name and Address of New Registered Agent

81 Name <i>CHARIE ANN HALL</i>
82 Street Address (P.O. Box Number is Not Acceptable) <i>10168 S. Geni Hills Circle</i>
83
84 City <i>Jacksonville,</i> FL 85 Zip Code <i>32225</i>

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 *X Charie Ann Hall* **X 5-4-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
DP	HALL, H.M.	<input type="checkbox"/> DELETE	
STREET ADDRESS	1509 PINE RIDGE RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	
TITLE	<i>DVP</i>	2.1 TITLE	
NAME	<i>CHARIE ANN HALL</i>	2.2 NAME	
STREET ADDRESS	<i>10168 S. Geni Hills Circle</i>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<i>Jacksonville, FL 32225</i>	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Sandra B. Mortham* **5-3-97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0414367

CR2E034 (9/96)