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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H14514 (4)

J. H. HALL TRUCKING, INC.

FILED

97 MAY -1 PH 3: 13

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Bus 464 E FREDDIE MART TALLAHASSEE FL 32	TIN DR		Mailing Address 464 E FREDDIE MARTIN DR TALLAHASSEE FL 32301-4242							
,						3. Date incorporated or Qualified 07/30/1984		te of Last Re 07/1996	eport	
2. Principal Place of	Busmoss	2a. Mailing Address				4. FEI Number			plied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<del></del> ,		59-2431691	<del></del>		t Applicable	
22		27				5. Certificate of Status Desired		\$8.75 A		
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added t		
Zip 24 ·	Country 25	Z <sub>1</sub> p	30	ntry	<del></del>	8. This corporation has liability for Florida Statutes	intangible	tax under s		
	lame and Address of Cur		1331			10. Name and Address of New Re	gistered #	igent		
HALL, JO				<b>81</b> Na	me				<del>-</del>	
	CE DE LEON BLVD			<b>82</b> Str	eet Addre	ess (P.O. Box Number is Not Acceptal	ole)			
TALLAHAS	SSEE FL 32310			63						
				8						
				<b>84</b> Cit	у		FL	85 Zip (	Code	
11. Pursuant to the p	provisions of Sections 607.0	0502 and 607, 1508, Florida State	ules, the a	oove-nar	ned corp	oration submits this statement for the		changing it	s registered	
office or registere	ed agent, or both, in the St	ate of Florida, Such change was ligations of Section 607,0505. F	authorize	d by the utes.	corporati	oration submits this statement for the jon's board of directors. I hereby acce	pt the appo	ointment as	registered	
SIGNATURE	the titel, and through the bil	ngond on cooline out recool,								
Silpratire	, type: For printed name of rogs sered			d Agent sig	nature require	ed when reinstating)	DATE			
12.		AND DIRECTORS	13.		<del></del>	ADDITIONS/CHANGES TO OFFI	DERS AND			
TITLE PST	L, JOHN H	DELETE	1.1 TI		ł	800002	4 (C): J41	Change	Addition	
044	PONCE DE LEON BLV	n	1.2 N			<b>-05/02</b>	# #CX **# 797	11124	012	
TAI	LAHASSEE FL 32310	•	- 1	REET ADDR	255	<b>308 02</b> ※未来出	ครี.กก	*水泳车】	65.00	
OLE INTE	DINGOLL IL OLOIG	☐ DELETE	211	TY-ST-ZIP		27,177		Change	Addition	
NAME:			22 N		1			train Oliverido		
STREET ADORESS				rreet adda	ESS					
CHY-ST-7IP				ITY - ST - ZIF						
11/16		☐ DELETE	3.1 TI				***************************************	Change	Addition	
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STREET ADDRESS			3.3 \$	TREET ADDR	ESS	T.				
CHY-ST-ZiP			3.4. 0	ITY-ST-ZIF						
IRLE		DELETE	4.1 Ti	TLE				Change	Addition	
NAME.			4.2 N			•				
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C01Y - S1 - 20"		- Delete		TY-ST-ZIP				1 0	T 1 4 2 00	
Titte		DELETE	5.1 T					Change	Addition	
NAME			5.2 N							
STREET ADDRESS				FREET ADDR						
City St-7IP		I DELETE		ITY-ST-ZIP				Chapac	Addition	
TITLE		DELETE	6,1 T					Change		
NAME			6.2 N		500		۸۸		-97	
STREET ADDRESS				TREET ADOR			, IW	16-1	-97	
CHY-ST-Ziff			640	ITY - ST - ZIP	l		<b></b>	11	-	

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 are 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: