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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J05465

THOMAS P. HALL, P.A.

(6)

FILED May 08 1997 8:00am Secretary of State



| Principal Plac | ce of Business | Mailing Address | 3 | | | ı tadişind dili balalı disel miğlin filikt kitt | n todskih min donat dikin olana drikt kuk minit degin buduk olana dibit okski ibar | | | |
|---|--|----------------------------|--|--------------------------|-----------------|---|--|-------------|------------------------|--|
| % THOMAS P. HALL 3443-D TAMIAMI TRAIL PORT CHARLOTTE FL 33952 | | 3443-D TAMIAMI 1 | % THOMAS P. HALL 3443-D TAMIAMI TRAIL PORT CHARLOTTE FL 33952-8159 | | | | | | | |
| , on orange | | | | | | 3. Date Incorporated or Qualified 3a. Date of Last Report 03/18/1986 08/13/1996 | | | | |
| 2. Principal F | Place of Business | 2a. Mailing Addi | ess | | | 4. FEI Number | | T. | Applied For | |
| 21 | | 26 | | | | 59-2647018 | | | Vot Applicable | |
| Suite, Apt. | #, etc | Suite, Apt. # | , etc. | | | 5. Certificate of Status Desired | | | Additional Required | |
| City & Sta | te | City & State | | | | 6. Election Campaign Financing | | \$5.00 | 0 May Be | |
| 23 | | 28 | | | | Trust Fund Contribution | | | d to Fees | |
| Zιp | Country | Zip | | Country | ' | 8. This corporation has liability for | intangible t | ax under | s. 199.032, | |
| 24 | 25 | 29 | 30 | | | |] Yes [| | | |
| | 9, Name and Address of Curr | ent Registered Agent | | | | 10. Name and Address of New Re | gistered A | gent | | |
| HAL | l, thomas p. | | | 81 | Name | | | | | |
| 3443 | 3-D TAMIAMI TRAIL | | | 82 | Street | Address (P.O. Box Number is Not Acceptal | 201 | | | |
| | T CHARLOTTE FL 33952 | | | Ox | Sirec | nadreas (r.o. box radinari la trot nocapial | 2107 | | | |
| | | | | 83 | | | | | | |
| | | | | 84 | City | | FL | 85 Zip | Code | |
| 11 0 | to the provisions of Castians CO7.0 | 502 and 607 1509 Flori | da Ctatuton sh | A 850. | e namod | corporation submits this statement for the | | changing | ite registered | |
| office or | registered agent, or both, in the Sta | ite of Florida. Such char | nge was autho | rized by | y the corp | poration's board of directors. I hereby acce | pt the appo | ointment a | as registered | |
| agent 1 a | am familiar with, and accept the obl | igations of, Section 607 | .0505, Florida | Statute | 5 . | | | | | |
| SIGNATURE | | | | | | | | | | |
| 45 | Signuture, typed or printed name of registered a | | | | ent signature | required when reinstating) | DATE OF DO AND | DIDECTO | 200 IN 10 | |
| 12. | PVST OFFICERS A | ND DIRECTORS | | 13. | | ADDITIONS/CHANGES TO OFFI | CENS AND | Change | | |
| TITLE | 1 | L: V | | 1.1 TITLE | | | 1 | Unanyo | Muoitioii | |
| NAME | HALL, THOMAS P. | | | 1.2 NAME | | | | | | |
| STREET ADDRESS | 6170 BLACKJACK CT. N. | | | 1.3 SYREET | ADDRESS | | | | | |
| C-TY - ST - ZIF | PUNTA GORDA FL | | | 1.4 CiTY - S | ST-ZIP | | | | | |
| TITLE | | □ D | ELETE | 2.1 TITLE | | | | Change | : Addition | |
| NAME | | | | 2.2 NAME | | | | | | |
| STREET ADDRESS | | | 1 | 2.3 STREET | ADDRESS | • | | | | |
| CITY - \$1 - ZIP | \ | | | 2. 4 CITY- | ST-ZIP | | | | | |
| THILE | | | ELETE | 3.1 TITLE | | | | Change | Addition | |
| NAME | | | | 3.2 NAME | | | | | | |
| STREET ADDRESS | | |] | 3.3 STREET | ADDRESS | | | | | |
| CHY-ST-ZIP | | | | 3.4. CITY~ | ST- 7 IP | | | | | |
| THILE | | D | | 4.1 TITLE | | | | Change | Addition | |
| NAME | \ | | | 4. 2 NAME | | | | • | | |
| STREET ADDRESS | | | | | T ADORESS | | | | | |
| CITY-ST-ZIP | | | | 4.4 CITY-5 | | | | | | |
| Dith | | Пп | | 4.4 CITT- 3 5.1 TITLE | >1.7 £1F | | | Change | Addition | |
| | | L., 0 | | | | | | | Bernet / Indexty.Dill | |
| NAME STORE LABORAGE | | | | 5.2 NAME | 4000raa | | | | | |
| STREET ADDRESS | 1 | | | | ADORESS | | | | | |
| C(TY-\$1-7)2 | | | | 5.4 CITY - 5 | 51-ZIP | | | Change | Addition | |
| 1 ILF | | ں لیا | | 61 TITLE | | | | —I cuanda | , LJ MODIDON | |
| NAME | | \wedge | | 62 NAME | | İ | | | | |
| STREET ADDRESS | | 11 | | 6 3 STREET | ADDRESS | | | | | |
| CHY-ST-Zi₽ | | 11 | | 6.4 CITY - S | | | | | | |
| 14. I do hero | thy certify that the information supp | lied with this tiling does | not qualify for | the exe | emption s | tated in Section 119.07(3)(i), Florida Statute | s. I further | certify the | at the | |

I do hereby certify that the information supplied with this fling 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 supplying that annual report is the annual report is the annual report in such as the annual report is the annual 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97

941-627-0003