SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

Jul 31 1997 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # HALL PROPERTIES MANAGEMENT COMPANY, INC. Principal Place of Business Mailing Address % HALL PROPERTIES. INC. % HALL PROPERTIES. INC. 660 PARK STREET **660 PARK STREET** DO NOT WRITE IN THIS SPACE JACKSONVILLE FL 32204 JACKSONVILLE FL 32204 3a. Date of Last Report 3. Date Incorporated or Qualified 12/16/1986 <u>03/15/1996</u> 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 505 Lancaster St. 505 Lancaster St. 59-2747232 Not Applicable \$8.75 Additional 6. Certificate of Status Desired Apt. 16 D Apt. 16 D Fee Required 27 22 City* & State City & State \$5.00 May Be 8. Election Campaign Financing 23 28 Added to Fees Trust Fund Contribution Zip Country Zφ Country 8. This corporation owes or has paid the current year Intangible Yes 24 29 30 Personal Property Tax due June 30. ☐ No 25 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HALL PROPERTIES, INC. **660 PARK STREET** Street Address (P.O. Box Number is Not Acceptable) **505** Lancaster ST 82 JACKSONVILLE FL 32204 83 Apt. 16 D **R4** City Zip Code 85 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** (NOTE: Registered Agent signa OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. (4/97 Change Addition □ DELETE TITLE 1.1 TITLE K. Allison Seay HALL, K. ALLISON NAME 12 NAME 1322 Yale Street Oriando, FL 32804 660 PARK STREET 1.3 STREET ADDRESS STREET ADORESS JACKSONVILLE FL CITY-ST-ZIP 1.4 City - ST - 7IP Change DELETE Addition 2.1 TITLE TITLE HALL, WILLIAM H. 2.2 NAME NAME 505 Lancaster St., Apt. 16 D 660 PARK STREET STREET ADDRESS 2.3 STREET ADDRESS Jacksonville fl CITY-ST-ZIP 2.4 CITY-ST-ZIP Addition DELETE Change TITLE 3.1 THEE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - \$1 - ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 City - St - ZIP CITY-ST-ZIP DELETE Addition 5.1 DITE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-S1-ZIP DELETE Change Addition TITLE 6.13(TLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CHY-ST-ZIP 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 eath; 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.

FILED