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FILED  
May 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K60222 (2)  
1. Corporation Name  
HALLETT & MORGAN, INC.



Principal Place of Business  
6502 REEF CIRCLE  
TAMPA FL 33625

Mailing Address  
6502 REEF CIRCLE  
TAMPA FL 33625-6522

3. Date Incorporated or Qualified  
01/13/1989

3a. Date of Last Report  
04/25/1996

|   |  |  |                                |
|---|--|--|--------------------------------|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country | 4. FEI Number<br>65-0096507  | Applied For<br>Not Applicable  |
|   |  | 5. Certificate of Status Desired <input type="checkbox"/>  | \$8.75 Additional Fee Required |
|   |  | 6. Election Campaign Financing<br>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

STEAGALL, BARRY M.  
6500 CENTRAL AVE  
ST PETERSBURG FL

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--------------------|---|--|
| TITLE                      | PD                 | 1.1 TITLE   |  |
| NAME                       | HALLETT, ROBERT J. | 1.2 NAME  |  |
| STREET ADDRESS             | 6502 REEF CIRCLE   | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | TAMPA FL           | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | VPDS               | 2.1 TITLE   |  |
| NAME                       | MORGAN, SAMMIE J   | 2.2 NAME  |  |
| STREET ADDRESS             | 6340 9TH AVE. NO.  | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | ST. PETERSBURG FL  | 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: *[Signature]* 4/23/97 1613/9/12-30/11

CR2E034 (9/96)