

FILED
Apr 30, 2004 8:00 am
Secretary of State

DOCUMENT # P03000131276

T. L. HALL, INC.



Mailing Address
1658 WHITEWOOD DRIVE
CLEARWATER FL 33756
US

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Country

7. Name and Address of New Registered Agent

HALL, THOMAS L
1658 WHITEWOOD DRIVE
CLEARWATER FL 33756

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | D,P | <input type="checkbox"/> Delete |
| NAME | HALL, THOMAS L | |
| STREET ADDRESS | 1658 WHITEWOOD DRIVE | |
| CITY-ST-ZIP | CLEARWATER FL 33756 | |

| TITLE | <input type="checkbox"/> Delete |
|-----------------|---------------------------------|
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| | |
|----------------|---------------------------------|
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|----------------|---------------------------------|-----------------------------------|
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
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| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
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| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
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| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #