FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR 28 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P28256** **(6)**

1. Corporation Name

DARCY HALL INC.

800001443248
-03/29/95--01099--001
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3570 KEITH ST., N.W. P.O. BOX 3480 (37320) CLEVELAND TN 37312	3570 KEITH ST., N.W. P.O. BOX 3480 (37320) CLEVELAND TN 37312

3. Date Incorporated or Qualified: 02/26/1990
3a. Date of Last Report: 03/08/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 01-0451526 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CV	11 TITLE	☐ Change ☐ Addition
NAME	CAMPBELL, CARL W	12 NAME	
STREET ADDRESS	625 OKANOGAN AVE	13 STREET ADDRESS	
CITY-ST-ZIP	WENATCHEE WA	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	President ☒ Change ☐ Addition
NAME	LESTER, FRED L JR.	22 NAME	Lester, Fred L., Jr.
STREET ADDRESS	650 25TH ST., NW, STE. 503	23 STREET ADDRESS	7280 Cabbage Creek Court
CITY-ST-ZIP	CLEVELAND TN	24 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082
TITLE	VS	31 TITLE	VS ☒ Change ☐ Addition
NAME	JABALEY, CHARLES E	32 NAME	Jabaley, Charles E.
STREET ADDRESS	650 25TH ST NW SUITE 503	33 STREET ADDRESS	~~P.O. Box 4251~~ 170 N. Ocoee st, ste 301
CITY-ST-ZIP	CLEVELAND TN	34 CITY-ST-ZIP	Cleveland, TN ~~37320-4251~~ 37311
TITLE	VT	41 TITLE	☐ Change ☐ Addition
NAME	DYE, THOMAS H	42 NAME	
STREET ADDRESS	625 OKANOGAN STREET	43 STREET ADDRESS	
CITY-ST-ZIP	WENATCHEE WA	44 CITY-ST-ZIP	
TITLE	AS	51 TITLE	☐ Change ☐ Addition
NAME	CROSS, CINDY	52 NAME	
STREET ADDRESS	3570 KEITH ST, NW	53 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND TN	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: By Cindy Cross Cindy Cross, Assistant Secretary 3-28-95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

as per conversation w/ Michelle Wolfe 3-27-95 MMH

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