

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 14 AM 8:15

DOCUMENT # **P39150** (8)

1. Corporation Name
HAL INDUSTRIES, INC.

Principal Place of Business

RT. 1 BOX 790
TRENTON FL 32690

Mailing Address

771 CORPORATE DRIVE
SUITE 1000
LEXINGTON KY 40503

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/05/1992**
3a. Date of Last Report: **05/13/1994**

4. FEI Number: **61-1188995**
Applied For: Not Applicable

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

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**

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

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

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

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 607.1509, 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 of Secretary or Registered Agent if not applicable)

(Signature of Registered Agent if not applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	NELSON, WILLIAM R.
STREET ADDRESS	771 CORPORATE DR. STE 1000
CITY-ST-ZIP	LEXINGTON KY
TITLE	VP
NAME	ADDINGTON, STEPHEN
STREET ADDRESS	771 CORPORATE DR. STE 1000
CITY-ST-ZIP	LEXINGTON KY
TITLE	S
NAME	BAKER, JACK
STREET ADDRESS	771 CORPORATE DR. STE 1000
CITY-ST-ZIP	LEXINGTON KY
TITLE	D
NAME	ADDINGTON, ROBERT
STREET ADDRESS	1500 NORTH BIG RUN ROAD
CITY-ST-ZIP	ASHLAND KY
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	none at this time	
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I hereby certify that the information required with this form is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), Florida Statutes. I further certify that the information submitted 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 purchaser or fusion empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Part 12 or Part 13 of this report with an address.

SIGNATURE:

Jack Baker - secretary

3-1-95

406-223-5824

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR