

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P39150** (8)
1. Corporation Name
HAL INDUSTRIES, INC.



Principal Place of Business: **RT. 1 BOX 790 TRENTON FL 32693**
Mailing Address: **771 CORPORATE DRIVE SUITE 1000 LEXINGTON KY 40503**

3. Date Incorporated or Qualified: **06/05/1992**
3a. Date of Last Report: **03/14/1995**
4. FEI Number: **61-1188995**
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29
City & State, Zip, Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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 signature required when re-stating) DATE: _____

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS
1. TITLE: **VP**
2. NAME: **ADDINGTON, STEPHEN** DELETE
3. STREET ADDRESS: **771 CORPORATE DR. STE 1000 LEXINGTON KY**
4. CITY - ST - ZIP: **S**
5. TITLE: **BAKER, JACK** DELETE
6. NAME: **BAKER, JACK**
7. STREET ADDRESS: **771 CORPORATE DR. STE 1000 LEXINGTON KY**
8. CITY - ST - ZIP: **D**
9. TITLE: **ADDINGTON, ROBERT** DELETE
10. NAME: **ADDINGTON, ROBERT**
11. STREET ADDRESS: **1500 NORHT BIG RUN ROAD ASHLAND KY**
12. CITY - ST - ZIP: DELETE
13. TITLE: DELETE
14. NAME: DELETE
15. STREET ADDRESS: DELETE
16. CITY - ST - ZIP: DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE: **D/P** Change Addition
2. NAME: **Jack T. Baker**
3. STREET ADDRESS: **771 Corporate Drive, Suite 1000 Lexington, Kentucky 40503**
4. CITY - ST - ZIP: **V/T** Change Addition
5. TITLE: **R. Douglas Striebel**
6. NAME: **R. Douglas Striebel**
7. STREET ADDRESS: **771 Corporate Drive, Suite 1000 Lexington, Kentucky 40503**
8. CITY - ST - ZIP: **V** Change Addition
9. TITLE: **John E. Murray**
10. NAME: **John E. Murray**
11. STREET ADDRESS: **771 Corporate Drive, Suite 1000 Lexington, Kentucky 40503**
12. CITY - ST - ZIP: **S** Change Addition
13. TITLE: **Sara M. Park**
14. NAME: **Sara M. Park**
15. STREET ADDRESS: **771 Corporate Drive, Suite 1000 Lexington, Kentucky 40503**
16. CITY - ST - ZIP: Change Addition
17. TITLE: Change Addition
18. NAME: Change Addition
19. STREET ADDRESS: Change Addition
20. CITY - ST - ZIP: Change Addition

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)(k), 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 from an appointment with an address.

SIGNATURE:

Jack T. Baker, President 606-223-3824
Date: _____ Daytime Phone # _____

CR2E034 (12/95)