FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300002143 (4)

J.G. HALL, INC.

FILED
May 04 1998 8:00am
Secretary of State



Principal Plac	e of Business	Ma	Mailing Address				1,100,1100,1110	, santandr sid shidd stein ddeis ddist ddist ddist 1801 1801 81008 181 1851				
21 PACKARE			21 PACKARD LN									
PALM COAST FL 32164			PALM COAST FL 32164 US					DO NOT WRIT	E IN THIS	CDACE		
"		00				3. Date incorpo	3. Date Incorporated or Qualified					
			•				01/11/19					
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number			ΙÄ	pplied For		
21 3/146	AS ABOVE	28 SAME AS ABOVE				59-3159	59-3159736 Not App			ot Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of			\$8.75	Additional	
22		27					b. Certificate of	Status Desired	<u> </u>	Fee R	equired	
City & State			City & State			6. Election Cam	paign Financing		\$5.00	May Be		
23		28				Trust Fund C		<u> </u>		to Fees		
Zip 24	Country	Zip	Country				ion owes or has p					
[24]	9, Name and Address of Curren	29	Stered Agent				Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent					
							10. Name and	duress of New H	eðisteren	Agent		
ROTENBERG, JEROME 4 OLD KINGS RD. NORTH					81	Name		9				
SUTE B					82	Street A	Address (P.O. Box Numb	er is Not Accepta	ible)			
PALM COAST FL 32137												
l ''	CM 00/01 1 L 32137				83							
ł					84	City			FI	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.050;	2 and 60	7.1508, Florida Statut	es. the a	DOVE	-named o	corporation submits this	statement for the		f changing i	ts registered	
office or i	to the provisions of Sections 607.050; registered agent, or both, in the State im familiar with, and accept the obliga	of Florida	Spotion 607 0505 El	authorize	d by	the corp	oration's board of direct	ors. I hereby acce	pt the app	ointment as	registered	
SIGNATURE	and accept the obliga	mons or,	38011011 007 .0303, 1 K	Jilua Sta	MIGS	> .						
SIGNATURE	Signature, typed or printed name of registered agei	nt and title if	applicable (NOT	E Flagistere	d Age	ni signalure r	required when reinstating)		DATE			
12.	OFFICERS AND	DIREC.	TORS	13.			ADDITIONS/CI	HANGES TO OFFI	CERS AND	DIRECTOR	RS IN 12	
TITLE	DP		DELETE	1.170	TLE					☐ Change	☐ Addition	
NAME	HALL, JAMES D			1.2 N	AME						İ	
STREET ADDRESS	21 PACKARD LN.			1.3 \$1	IREET	ADDRESS						
CITY-ST-ZIP	PALM COAST FL			1.4 CI	TY-\$1	T-ZIP						
TITLE	VPDS		☐ DELETE	2.1 70	TLE	1				Change	Addition	
NAME	HALL, VIRGINIA			2.2 N	AME							
STREET ADDRESS	21 PACKARD LN.					address						
CITY-ST-ZW	PALM COAST FL	.,		2.40		T-ZIP	<u> </u>					
TITLE			DELETÉ	3.1 TI						Change	Addition	
NAME				3.2 N/		ŀ						
STREET ADDRESS					,	ADDRESS						
CITY-ST-ZIP TITUE			DELETE	3.4. C		T-21P				[] o	1.4390	
NAME :			₩ Dereit	4.1 70						Change	☐ Addition	
STREET ADDRESS				4.2 N		******						
CITY-ST-ZIP						ADDRESS						
TITLE			DELETE	4.4 CI 5.1 TI		- ZIP	V		_	Change	Addition	
NAME			000010	5.2 NA						التعديد ت	Addition	
STREET ADDRESS						ADDRESS						
City-St-Zip				5.4 CI								
TITLE			DELETE	6.1 Tr		· ZIF				☐ Change	Addition	
NAME				6.2 NA							C. FIGURIOR	
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP				6.4 Cf								
0011101120				0.4 (3)	11-31	-zir						

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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: Com S Hall

lances D Hall

4/2.198

446-9081