Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90051 022 \*\*\*150.00

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

Mailing Address

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9300003934

1. Corporation Name

Principal P ace of Business

HALL'S LOT & LAND CLEARING, INC.

1006 APPLE ST FT. PIERCE FL 34950		1006 APPLE ST FT. PIERCE FL 34950					DO NOT WRITE IN THIS SPACE								
									corporated 1993	or Quali	fed				
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address				4. FEI				<del></del>		П	Apr	lied For
21		26			İ	65-0389517						-	+	Applicable	
Suite, Act.	# etc	Suite, Apt. #, etc.										\$8.75 A Iditional			
22	, 000	27				<b>5</b> . Cer	tifc at	te of Statu	s Desire	d [	]		ee Re		
City & State		City & State				6. Ele	ction	Campaigr	ı Financi	ing	7	\$5	5.00	May Be	
23		28					Tru	st Fu	and Contrib	oution		J 	Α	dded to	Fees
Zip	Country	Zip	Cou	ntry		_	8. This	cc r	poration o	wes the	current				
24	25	29	29 30				Persor al Property Tax.							No	
	9. Name and Address of Curr	ent Registered Agent					O. Na	ne a	nd Addre	ss of Ne	w Reg	stered A	gent		
1461	DARET I			81	Name	)									
	., Robert L Sapple St		<b>82</b> Stre			Acdress (P.O. Box Number is Not Acceptable)									
	PIERCE FL 34950		İ	83						<del></del>					
				84	City								85	Zip C	ode
												<u>FL</u>			
office or n	to the provisions of Sections 607.0 egistered agent, or both, in the Stat m familiar with, and accept the oblic	te of Fiorida. Such change was	authorized	by ti	named ne corp	d corporati poration's	ion sub board	mits of di	this stater rectors. I h	ment for ereby ac	the pur. ccept th	pose of c e appoint	hangi tment	ing its i as reg	registered ristered
SIGNATURE	Signature, typed or printed nar ie of registered a	gent and title if applicable. (NO	TF: Registered	Agent	signature	required whe	en reinstal	ing)				DATÉ			
12.	OFFICERS A	AND DIRECTORS	13.				ADD	TICI	NS/CHAN	GES TO	OFFIC	ERS //NE	D DIR	ECTO	S IN 12
TITLE	PTD	☐ DELETE	1.1 TiT	ī.E		]							CH	ange	Addition
NAME	HALL, ROBERT L		1.2 NA	ME		1									Ì
STREET ADDRESS	1006 APPLE ST		1.3 STI	REETA	ODRESS	3									
CITY-ST-ZIP	FT. PIERCE FL 34950		1.4 CIT	ry-ST-	ZIP	-									
TITLE	VSD ·	☐ DELETE	2.1 TIT	LE.									□ ¢t	ange	Addition
NAME	HALL, SUE A		22 NA	ME											
STREET ADDRESS	1006 APPLE ST		2.3 STI	REETA	DDRESS	3									
CITY-ST-ZIP	FT. PIERCE FL 34950		2.4 CI	TY-ST-	ZIP										
TITLE		☐ DELETE	3.1 T/T			<u>†                                     </u>					•		Ch	ange	Addition
NAME			3.2 NA	ME											
STREET ADDRESS	•		3.3 ST	REETA	DDRESS										
CITY-ST-ZIP			3.4 Cr	TY-ST-	ZIP	1									
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CITY-ST-ZIP			4.4 CIT	ry-ST-	ZIP										-
TITLE		☐ DELETE	5.1 TIT			1							□ Ch	ange	Addition
NAME			5.2 NA	ME											
STREET ADDRES.)			5 3 ST	REETA	DDRESS	;									
CITY-ST-ZIP			5.4 C/T	ry-ST-	ZIP										
TITLE	······	☐ DELETE	6.1 TIT	LE		<del> </del>		_					C	ange	Addition
NAME			62 NA	ME											}
CTREET ADDRESS			6.3 ST	REETA	DORESS	<u>.</u>									i

64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

14. I hereby certify that the information supplied with his 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made uncer 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, with all other like empowered. 4-36-99 561-464-6743