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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Prace of Business

hitte NAME

STREET ADDRESS

CHY-SI-7IP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300006743 (7)

HALL'S CONSTRUCTION UNLIMITED, INC.

4637 VINCENNES BLVD. SUITE 7 CAPE CORAL FL 33904		4637 VINCENNES BLVD. SUITE 7 CAPE CORAL FL 33904-9110			3. Date Incorporated or Qualified 01/27/1993	3a. Da			eport		
2. Principal P	lace of Business	2a. Mailing Address			·	4. FEI Number	1 00	T		plied For	
21	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	26				65-0383728		ᅡ		t Applicable	
Suite, Apt	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & Stati	6	City & State				6. Election Campaign Financing				May Be	
23		28				Trust Fund Contribution				o Fees	
Zφ	Country	Zip	Co	untry	,	8. This corporation has liability for i	ntangible				
24	25	29	30				- ~ -] No			
	9. Name and Address of Curre	nt Registered Agent		Γ		10. Name and Address of New Re	gistered A	gent			
HAL	l, Russell L			81	Name						
4637	VINCENNES BLVD.			82	Street Ad	ddress (P.O. Box Number is Not Acceptab	ele)				
SUN	TE 7										
CAP	E CORAL FL 33904			83							
				84	City			85	Zin (Code	
				"	City		FL	183	z.p.c	Jode	
SIGNATURE	Some form typed or printed name of registered ago OFFICERS AN	ient and title if applicable. (I	NOTE: Register		ent signature re	quired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND	DIRE	CTOP	IS IN 12	
TITLE	D	DELETE	1.1	TITLE				☐ Cr	*****	Addition	
NAME	HALL, RUSSELL L		1.2	NAME							
STREET ADORESS	5244 S.W. 19 PL		1.3	STREET	ADDRESS						
01TY - \$1 - 71P	CAPE CORAL FL 33914-6818		1.4	CITY-S	ST-ZIP						
111(F	D	☐ DELETE	2.1	TITLE				CI	ange	Addition	
NAME	HALL, CLOIE J		22	NAME	1						
STREET ADDRESS	5244 S.W. 19 PL		2.3	STREE	ADDRESS		1				
CUY-ST ZIP	CAPE CORAL FL 33914-6818				ST-ZIP	,a'	· · ·	-		[11]	
THE		☐ DELETE	- 6	TITLE	}			☐ CI	ange	Addition	
NAME				NAME							
STREET ADDRESS					ADDRESS						
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1ITLE		רין מנונונ	i i	TITLE)			U	ia:iÿt	LJ Addidol	
NAME CAMPEL ACOUNTS				NAME							
STREET ADORESS					ADDRESS						
CITY - ST - 7:0 TITEF		DELETE		CITY - S TITLE	51-ZIP		· <u>·</u> ····	□ cr	nance	Addition	
NAME		C) OCCUR		NAME	1			•	ia-igc	C reality	
STREET ADDRESS					ADDRESS						
					1						
CHY+S1-7IP		DELETE		TITLE	ST-ZIP			CI	12000	Addition	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information inclicated 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 eath; 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.

64 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

USIDER & THERE TO BS TELL & HALL PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Apr 09 1997 8:00am

Secretary of State