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Jan 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000010559 (1)

1. Corporation Name

KENNETH MARK HALL, CERTIFIED GENERAL CONTRACTOR,
INC.

Principal Place of Business

166 HIGHWAY A1A
PONTE VEDRA BEACH FL 32082

Mailing Address

166 HIGHWAY A1A
PONTE VEDRA BEACH FL 32082-1329



3. Date Incorporated or Qualified
02/04/1993

3a. Date of Last Report
11/04/1996

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29

30

4. FEI Number

59-3167384

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

HALL, KENNETH M
120 MEADOWCREST LANE
PONTE VEDRA BEACH FL 32082

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 607.1508, 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

Signature of person for public name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	HALL, KENNETH M	120 MEADOWCREST LN	PONTE VEDRA FL 32082
S	HALL, CYNTHIA J	120 MEADOWCREST LN	PONTE VEDRA FL 32082

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP

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 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 amendment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-97

DATE

Day/Month/Year

0018026

CR2E034 (9/96)