

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000031458 (1)

1. Corporation Name

Y. E. HALL, INC.



Principal Place of Business

Mailing Address

136 EASTPORT RD
JACKSONVILLE FL

136 EASTPORT RD
JACKSONVILLE FL

2. Principal Place of Business

2a Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

WODRICH, MICHAEL A
136 EASTPORT RD
JACKSONVILLE FL

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

04/29/1993

3a. Date of Last Report

04/24/1995

4. FEI Number

59-3244125

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

10. Name and Address of New Registered Agent

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 typed or printed name of registered agent (and the corporation)

(If the Registered Agent's signature is required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	HALL, Y E JR	
STREET ADDRESS	136 EASTPORT RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PD	Change	Addition
12. NAME	HALL, Y E JR.		
13. STREET ADDRESS	136 EASTPORT RD		
14. CITY-ST-ZIP	JACKSONVILLE, FL 32218		
2. TITLE		Change	Addition
22. NAME			
23. STREET ADDRESS			
24. CITY-ST-ZIP			
3. TITLE		Change	Addition
32. NAME			
33. STREET ADDRESS			
34. CITY-ST-ZIP			
4. TITLE		Change	Addition
42. NAME			
43. STREET ADDRESS			
44. CITY-ST-ZIP			
5. TITLE		Change	Addition
52. NAME			
53. STREET ADDRESS			
54. CITY-ST-ZIP			
6. TITLE		Change	Addition
62. NAME			
63. STREET ADDRESS			
64. CITY-ST-ZIP			

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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/95

804 757 5200

CR2E034 (12/95)