

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000031827 (7)

1. Corporation Name

HALL-MARK FIRE APPARATUS, INC.



Principal Place of Business

Mailing Address

558 N. E. WATULA AVE.  
OCALA FL 34470  
US

P. O. 1770  
OCALA FL 34470  
US

3. Date Incorporated or Qualified  
04/29/1993

3a. Date of Last Report  
04/13/1995

4. FEI Number  
59-3179036

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

2. Principal Place of Business  
21 3431 NW 27TH AVE  
Suite, Apt. #, etc

2a. Mailing Address  
26 PO Box 1770  
Suite, Apt. #, etc

23 City & State  
OCALA FL  
Zip Country

28 City & State  
OCALA FL  
Zip Country

24 34470 25

29 34478 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HALL, JAMES W  
3602 SE 25TH AVE  
OCALA FL 34471

10400 NE 36TH AVE  
ANTHONY FL 32617

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, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when registering)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME HALL, JANET T  
STREET ADDRESS 104 NE 36TH AVE.  
CITY-ST-ZIP ANTHONY FL

11 TITLE  
12 NAME  
13 STREET ADDRESS 10400 NE 36TH AVE  
14 CITY-ST-ZIP ANTHONY FL 32617

TITLE D  
NAME HALL, JAMES W  
STREET ADDRESS 104 NE 36TH AVE.  
CITY-ST-ZIP ANTHONY FL

21 TITLE  
22 NAME  
23 STREET ADDRESS 10400 NE 36TH AVE  
24 CITY-ST-ZIP ANTHONY FL 32617

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE  
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 617, 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

Date

Daytime Phone #

CR2E034 (3/96)