SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1	MEN # P9300 HALE & ASSOCIATES, INC	(0))			 1 111	
Principal Plac	e of Business	Mailing Address			 1900 03 100 5 10 10 10 10		
7042-A BALBOA DRIVE ORLANDO FL 32818		7042-A BALBOA DRIVE ORLANDO FL 3281B		DO NOT WR	ITE IN THIS SPACE		
					3. Date Incorporated or Qualifie		eport
					08/12/1993	04/18/1996	
2. Principal P	lace of Business	2a. Mailing Address		4. FÉI Number		plied For	
21		26		59-3162804	No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 A		
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	•	
Zip	Country 25	Zip Country 30			8, This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
	9. Name and Address of Curre				10. Name and Address of New	<u> </u>	·
HA	le, betty m		81	Name			
7042-A BALBOA DRIVE ORLANDO FL 32818		82 Street Ad		Address (P.O. Box Number is Not Accep	olable)		
			83				
			84	City		FL 85 Zip C	2ode
SIGNATURE	Signature, typod or printed name of registered ag				poration's board of directors. I hereby ac o required when reinstalling) ADDITIONS/CHANGES TO OF	DATE	
TITLE	D	DELETE 1.			VICE PRESIDEN	7-DA Change	noitibt .
NAME	ZIMMERLY, ROBERT E-		1.2 NAME		BETTY M. HA	LE	
STREET ADDRESS	S 300 CREST DR		1.3 STREE	1 ADDRESS	7042-A BALB		
CITY-ST-ZIP	HAINES CITY FL	T		ST-ZIP	ORLANDO, FL	· 328/8	
TITLE	D	☐ DELETE	21 TITLE			Change	noitibtA 🔲
NAME	TRYTEK, MICHELE R.		22 NAME				
STREET ADDRESS	815 HASKELL STREET			T ADDRESS			
CITY-ST-ZIP TITLE	ORLANDO FL DP	DELETE	2 4 CHY- 31 TITLE	S1-ZIP		Change	Addition
NAME	HALE, D. REX		32 NAME			Chango	
STREET ADDRESS	7042-A BALBOA DR		3 3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL		3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP		T Briefe	4.4 CITY -	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			L. Change	noilibt _A
NAME expert approve			5.2 NAME	T ADODCOC			
STREET ADDRESS				T ADDRESS			
CITY-SI-ZIP TITLE		☐ DELETE	5.4 CITY - 6.1 TITLE	51 · £11'		☐ Change	Addition
NAME			6.2 NAME			مراسية م	
STREET ADDRESS				t address			
CITY, ST. 7IP			6 A CITY				

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 attachment with an address.

FILED

Sep 16 1997 8:00am

Secretary of State