

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000084077 (5)

1. Corporation Name

HALL TRANSPORTATION-SOUTH, INC.



Principal Place of Business

4541-9 ST AUGUSTINE RD
JACKSONVILLE FL 32224
US

Mailing Address

P O BOX 1476
TAYLOR MI 48180
US

3. Date Incorporated or Qualified

12/03/1993

3a. Date of Last Report

06/26/1995

4. FEI Number

31-1394830

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

2a. Mailing Address

21 4541-9 ST AUGUSTINE RD
Suite, Apt. #, etc.

26 P.O. Box 1476
Suite, Apt. #, etc.

City & State

City & State

23 JACKSONVILLE FL

28 TAYLOR MI

Zip Country

Zip Country

24 32224 25 DUVAL

29 48180 30

9. Name and Address of Current Registered Agent

MATTOS, MICHAEL
112 MARTINIQUE CIRCLE
STE. 7B
PONTE VEDRA BEACH FL 32082

10. Name and Address of New Registered Agent

81 Name DENNIS LOWERY
82 Street Address (P.O. Box Number is Not Acceptable)
4387 ROGERS ISLAND DR.
83
84 City JACKSONVILLE FL 85 Zip Code 32224

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 type of officer or director of corporation and their address

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
VP	CAPPAERT, PAUL E	12759 MERCIER	SOUTHGATE MI	<input type="checkbox"/>
VP	MATTOS, MICHAEL	112 MARTINIQUE CIRCLE	PONTE VEDRA BEACH FL	<input checked="" type="checkbox"/>
P	HALL, CHARLES M	P O BOX 1606	TAYLOR MI	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

VICE PRESIDENT
DENNIS LOWERY
4387 ROGERS ISLAND DR. E.
JAX, FL 32224

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; 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 unchanged, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-96

Date

(313) 941-2725

Daytime Phone #

CR2E034 (12/95)