

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.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 15 1997 8:00am
Secretary of State

DOCUMENT # P93000084077 (5)

1. Corporation Name

HALL TRANSPORTATION-SOUTH, INC.

Principal Place of Business

4511-9 ST. AUGUSTINE RD.
STE 7B
JACKSONVILLE FL 32224
US

Mailing Address

P.O. BOX 1476
STE. 7B
TAYLOR MI 48180
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/03/1993

3a. Date of Last Report

02/16/1996

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 11236 ST. JOHNS HWY

Suite, Apt. #, etc.

22 0100

City & State

23 JACKSONVILLE, FL

Zip

24 32246

Country

25 DUVAI

2a. Mailing Address

26 P.O. BOX 19973

Suite, Apt. #, etc.

27

City & State

28 JACKSONVILLE, FL

Zip

29 32245

Country

30 DUVAI

9. Name and Address of Current Registered Agent

LOWERY, DENNIS
4387 ROGERS ISLAND DR. E.
STE. 7B
JACKSONVILLE FL 32224

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, typed, or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE

NAME CAPPAERT, PAUL E
STREET ADDRESS 12759 MERCIER
CITY-ST-ZIP SOUTHGATE MI

TITLE VP ☐ DELETE

NAME LOWERY, DENNIS
STREET ADDRESS 4387 ROGERS ISLAND DR. E.
CITY-ST-ZIP JACKSONVILLE FL

TITLE P ☐ DELETE

NAME HALL, CHARLES M
STREET ADDRESS P O BOX 1606
CITY-ST-ZIP TAYLOR MI

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

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 attachment with an address.

SIGNATURE

[Signature]

8-8-97 904.641.4738

CR2E034 (4/97)