

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 06 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. M. [redacted] Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000084077 (5) 1. Corporation Name HALL TRANSPORTATION-SOUTH, INC.
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Principal Place of Business 11236 ST JOHNS PKWY 0100 JACKSONVILLE FL 32246 US	Mailing Address P O BOX 19973 JACKSONVILLE FL 32245 US
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2. Principal Place of Business 21 5801-1 Phillips Hwy Suite, Apt. #, etc. 22 #1 City & State 23 JAX, FL Zip 24 32216 Country 25 DUVA	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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8. 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 85 Zip Code FL
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	
NAME	CAPPAERT, PAUL E	1.2 NAME	
STREET ADDRESS	12759 MERCIER	1.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTHGATE MI	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	
NAME	LOWERY, DENNIS	2.2 NAME	
STREET ADDRESS	4387 ROGERS ISLAND DR. E.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	
NAME	HALL, CHARLES M	3.2 NAME	
STREET ADDRESS	P O BOX 1808 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAYLOR MI	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 \_\_\_\_\_

CR2E034 (10/97)