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

**PROFIT CORPORATION** ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P94000054272 (7)

HALL & HAUL TRUCKING, INC.

## **FILED** Apr 23 1998 8:00am Secretary of State



						4   <b>                                   </b>				
Principal Place of Business Mailing Address									B18 (98) (88)	
6115 VERNA BETHANY RD. 6115 VERNA BETHANY RD.										
	NYAKKA CITY FL 34251 MYAKKA CITY FL 34251					DO NOT WRITE IN THIS SPACE				
US US					-	3. Date Incorporated or Qualified				
						07/12/1994				
2. Principal Place of Business / / 2a. Mailing Address						4. FEI Number		I A	pplied For	
21/0//5//	orna BeTUD NKI.	26/01/5/erna	Bett	hANUK	RH	65-0511191		<del></del>	ot Applicable	
Sulte, Apt. #, etc. Suite, Apt. #, etc.			· ( **	<del>jijiv ji</del>	72.49				Additional	
27						5. Certificate of Status Desired		Fee R	equired	
City State State Sing & State			-111	~1/ /	, ,	6. Election Campaign Financing		\$5.00	May Be	
23///a/s	Racity Horida	28// Van 1/4 C/	77,5	Lorig	da	Trust Fund Contribution		Added	to Fees	
Zip/	Country	200	_ Country	<i>t</i>		<ol><li>This corporation owes or has p</li></ol>	-		_ ~	
24(542)	25	29 3425   30	<u>)                                    </u>			Personal Property Tax due Jun			No	
	9. Name and Address of Current	Hegistered Agent	B1	Name		0. Name and Address of New R	egisterea	Agent	-	
Dennis E. Hall 6115 Verna Bethany Rd. Myakka City Fl 34251			L	INACTIO						
			62	Street Ac	Address	(P.O. Box Number is Not Accepta	able)			
			83	<del>                                     </del>			······································	•		
				L						
			84	City			FI	85 Zip	Code	
11. Pursuant i	to the provisions of Sections 607.0502	and 607.1508. Florida Statutes.	the abov	e-named co	corporat	tion submits this statement for the	purpose o	•     fichanging i	its reaistered	
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligate	d Florida. Such change was aut	horized by	v the corpor	oration's	s board of directors. I hereby according	opt the app	cointment as	registered	
SIGNATURE	Transfer with and dosept the civilgat	10.15 61, 66611011 661.6666, 110116	a orandio	0.						
SIGNATURE	Signature, typed or printed name of registered agent	and telle if applicable (NOTE R	egistered Age	ent signature rec	required w	hen reinstatin <b>g</b> )	DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFF	ICERS AND			
TITLE	D	☐ DELETE	1.1 TITLE					L. Change	Addition	
NAME	HALL, DENNIS									
STREET ADDRESS	• 110 1-11111 1111111			ADDRESS						
CITY-ST-ZIP			1.4 CITY - S	ST-ZIP	<del></del>			Change	Addition	
TITLE NAME			2.1 TITLE					□ Otteriße	☐ Yankon	
STREET ADDRESS	8115 VERNA BETHANY RD.		2.2 NAME 2.3 STREET ADORESS 2.4 CITY-ST-ZIP							
CITY-ST-ZIP	MYAKKA CITY FL									
TITLE	MITANIA OILLIE	☐ DELETE	3.1 TITLE					Change	Addition	
NAME			3.2 NAME					_ •	_	
STREET ADDRESS			3.3 STREET	ADDRESS						
CITY-ST-ZIP	<b>■</b> ***		3.4. CITY-1							
TITLE			4.1 TETLE			······································		Change	Addition	
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREET	ADDRESS						
CITY-ST-ZIP	,		4.4 CITY - S	ST - ZIP						
TITLE	DELETE 5.1 T		5.1 TITLE			•		☐ Change	Addition	
NAME			5.2 NAME						}	
STREET ADDRESS			5.3 STREET	ADDRESS						
CITY-ST-ZIP			5.4 CITY - S	T-ZIP				П.		
TITLE		☐ DELETE	6.1 TITLE					☐ Change	Addition	
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREET							
CITY-ST-ZIP	ertify that the information supplied with	this filing does not qualify for t	6.4 CITY - S		d in Post	tion 110 07/3Vi) Florida Statutan	I further ==	ertific that the	information	

indicated on this annual report or supplied with this timing does not quality for the exemption stated in section 1 19.07(3); Florida Statutes. Further certify that the informatic indicated on this annual report is reported 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.