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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400057330 (0)

HALE CONSTRUCTION & DESIGN, INC.

Principa!	Place of	Business

Mailing Address

11835 NW 1ST AVE. GAINESVILLE FL 32807 11635 NW 1ST AVE. GAINESVILLE FL 32607-1114

## FILED May 06 1997 8:00am Secretary of State



				3. Date Incorporated or Qualified 08/03/1994	ted or Qualified 3a. Date of Last Report 04/26/1996				
2. Principal P	lace of Business	28. Mailing	Address			4. FEI Number			oplied For
21		26				59-3286940		No	ot Applicable
Sulte, Apt. #, etc.         Suite, Apt. #, etc.           22         27		pl. #, etc.			5. Certificate of Status Desired	×	\$ <b>8.75</b> . Fee Re	Additional equired	
City & State City & Sta			& State			6. Election Campaign Financing		\$5.00	May Bo
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip		Countr	y	8. This corporation has liability for	intangible ta		
24	25	29	30	o			Yes		
	9. Name and Address of Curre	ent Registered Ag				10. Name and Address of New Ro	gistered Ag	enl	
HAL	E, TASHIA C			81	Name				
11635 NW 1ST AVE.			82	Street A	Address (P.O. Box Number is Not Accepta	610)	<del></del>		
GAINESVILLE FL 32607			102	SHOULA	tadress (r.o. Box Numbar is not Accepta	alej			
				83	il				
							······································		
				84	1		FL	·   `	Code
11. Pursuant office or r agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the obli	502 and 607.1508, te of Florida. Such gations of, Section	Florida Statutes, change was aut 607.0505, Florid	, the abov horized b da Statuto	re-named only the corporate of the corpo	corporation submits this statement for the oration's board of directors. I hereby acce	purpose of chept the appoin	anging it tment as	ts registered registered
SIGNATURE	Signature, typed or printed name of registered a	igent and tille if applicable	(NOIE: FI	legislered Ag	jent signature r	required when reinstating)	DATE		
12.	OFFICERS A	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFI	CERS AND D	<b>IRECTOF</b>	RS IN 12
TITLE	D		DELETE	1.1 TITLE				Change	Addition
NAME	HÁLE, TASHIA C			1.2 NAME	}				Ì
STREET ADDRESS	11635 NW 1ST AVE.			1.3 STREE	1 ADDRESS				
CITY-ST-ZIP	<b>GAINESVILLE FL 32607</b>			1,4 C 1Y-	1				
TITLE	D	<del></del>	DELETE	2.1 TITLE				Change	Addition
NAME	HALE, JEFFREY W			2.2 NAME					
STREET ADDRESS	11635 NW 1ST AVE.			1	T ADDRESS				
CITY-ST-ZIP	GAINESVILLE FL 32607			2 4 CITY-	1				ĺ
TITLE			DELETE	3.1 FIFLE	<u> </u>			Change	Addition
NAME		•	į	3.2 NAME			•		
STREET ADDRESS			Ï		T ADDRESS				
CITY-ST-ZIP				3.4. ICITY-	1				Ì
TITLE			DELETE	4.1 TITLE	57:411	, , , , , , , , , , , , , , , , , , ,		Change	Addition
NAME		-		4. 2 NAME	. 1		_		
STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP					Į.				,
TITLE			DELETE	4.4 CITY- 5.1 TITLE	31-21			Change	[ ] Addition
NAME .		·		5.2 NAME			<u> </u>	, onlings	LL1 MOOMON
1 1				1	T ADDOCCO				}
STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP		r	DELETE	5.4 CITY-1	SI-ZIP			Change	Addition
TITLE		L	ש שנונונ	6.1 TITLE	Į		L_	Lonange	L"1 Modifiqu
NAME				6.2 NAME	[				}
STREET ADDRESS					1 ADDRESS				
CITY-ST-ZIP	ay costily that the information currell			6.4 CITY-					]
: 14 I da baral	au contituithat the information au auti	and with this files a c	lane not availful	locabo ove	anadian at	ated in Contine 110 07/21(i) Claride Ctatule	an I fuidhar ai	weifu Ihat	Ale a

• Low netropy ceruity trial the information supplied with this filing does not quality 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 bxecute 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:

LSENTONIAN OF

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