

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

DOCUMENT # P95000020407 (9)

1. Corporation Name
HALL'S BENEFIT SERVICES, INC.

Principal Place of Business
805 NE FIRST STREET
GAINESVILLE FL 32602-0790

Mailing Address
P.O. BOX 790
GAINESVILLE FL 32602-0790

FILED

97 AUG -4 AM 7:27

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/08/1995	3a. Date of Last Report 01/26/1996
4. FEI Number 59-3305829	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

TOKACH, WALTER M
527 EAST UNIVERSITY AVENUE
GAINESVILLE FL 32602

10. Name and Address of New Registered Agent

81 Name Walter M. Tokach
82 Street Address (P.O. Box Number is Not Acceptable) 5011 N.W. 8th AVE
83
84 City GAINESVILLE
85 Zip Code FL 32605

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 607.0501, Florida Statutes.

SIGNATURE Sandra B. Mortham Walter M. Tokach
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 7-18-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOKACH, WALTER M	1.2 NAME	
STREET ADDRESS	527 EAST UNIVERSITY AVENUE	1.3 STREET ADDRESS	5011 N.W. 8th AVE
CITY-ST-ZIP	GAINESVILLE FL 32602	1.4 CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	DST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, J H	2.2 NAME	
STREET ADDRESS	2006 N.W. 27TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, BARBARA B	3.2 NAME	
STREET ADDRESS	2006 NW 27TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	600002262965-5
STREET ADDRESS		4.3 STREET ADDRESS	-08/11/97--01060--018
CITY-ST-ZIP		4.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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. 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 Sandra B. Mortham Walter M. Tokach 7-18-97 352-372-3456

CR2E034 (4/97)

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WALTER M. TOVKACH

ATTORNEY AT LAW

5011 NORTHWEST EIGHTH AVENUE
GAINESVILLE, FLORIDA 32605

TELEPHONE
(352) 371-4656

CERTIFIED TAX ATTORNEY
FLORIDA BAR BOARD OF
CERTIFICATION

ALSO ADMITTED IN
OHIO & NORTH CAROLINA

Post Office Box 15295
Gainesville, Florida 32604

TELECOPIER
(352) 376-8682

July 25, 1997

VIA CERTIFIED MAIL # P 431-129-547

Division of Corporations
Annual Reports Section
Post Office Box 1500
Tallahassee, FL 32302-1500

Re: Hall's Benefit Services, Inc. Annual Report for 1997

Ladies and Gentlemen:

Enclosed herewith is the 1997 Annual Report for Hall's Benefit Services, Inc., EIN 59-3305829, along with a check in the amount of \$165.00 for the fee.

My clients did not receive a First Notice for this corporation, and were troubled when they received the Second Notice. Please verify your records.

Should you have any questions, please do not hesitate to contact me at the address and telephone number above.

Sincerely,

Walter M. Tovkach
Walter M. Tovkach

(KAT)

WMT:kat

Enclosure