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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

CITY - ST - ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 30 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600003537 (3)

HALLAM ENTERPRISES, INC.

Principal Place of Business Mailing Address								
1917 CLUB HOUSE RD 1917 CLUB HOUSE RD LAKELAND FL 33803 LAKELAND FL 33813-3011				I				
						3. Date Incorporated or Qualified 01/08/1996	3a. Date of Last	Report
Princ-pal Place of Business 2a. I			. Mailing Address			4. FEI Number		Applied For
21		26				65-0635406 Not Applicable		
Suite, Apt.		27	. 4			5. Certificate of Status Desired Security Fee Required		
City & Stat	e	City	City & State			6. Election Campaign Financing		0 May Be
23] Zip	Country	28	\$			Trust Fund Contribution Added to Fees		
24 Zip	Country 25	 		Countr	y	This corporation has liability for in		s. 199,032,
24	9. Name and Address of Curre	29 ent Registere	d Agent	30		Florida Statutes 10. Name and Address of New Reg	Yes No	
KEH	LY, T P JR			81	Name		Jacobs Agont	
					, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
111 E MADISON ST SUITE 2300					Street Add	t Address (P.O. Box Number is Not Acceptable)		
TAMPA FL 33602				83				
				•				
				84	City		85 Zi	p Co de
11 Pursuant	to the provisions of Sections 607.05	02 and 607 11	EOS Elocido Stati	tor the obey	o nomed see	poration submits this statement for the p	FL °	
Office of t	realsterea adent or both in the Stat	e or Fiorida S	uch channa was	- สมสักษณฑลสาก	い けいゆ かいたいのたる	poration submits this statement for the patients board of directors. I hereby accep	urpose of changing It the appointment :	its registered
agent La	im familiar with, and accept the obli	gations of, Sec	ction 607.0505, F	iorida Statute	S.	·	• •	~
SIGNATURE.	Signature, typical or printed name of region is at a	non a dink diana	1 AC 160	TE Projetored As	ont pitont or sec	ired when reinstating)	DATE	
12.		ND DIRECTOR		13.	or algradue rado	ADDITIONS/CHANGES TO OFFIC		3BS IN 12
TITLE	D		DELETE	1.1 TITLE		, 100, 110, 101, 111, 111, 111, 111, 11	Change	
NAME	BORSCH, MARY H			1.2 NAME				
STREET ADDRESS	2507 N 61ST PLACE				T ADDRESS			
CITY - ST - ZIP	SCOTTSDALE AZ 85257-1915	,		1.4 CITY-				
TITLE	D		DELETE	2.1 TITLE	<u> </u>		Change	e Addition
NAME	KELLY, T P JR			2.2 NAME	-			
STREET ADDRESS	111 E MADISON ST SUITE 2:	300			T ADDRESS			
CrTY - ST - ZIP	TAMPA FL 33602			2. 4 CITY-	Ī			
TITLE			☐ DELETE	3.1 TITLE			☐ Change	e Addition
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREE	T ADDRESS			
City - St - Zip				3.4. CITY -				
TITLE			DELETE	4.1 TITLE			Change	e Addition
NAME				4. 2 NAME				
STREET ADDRESS					I ADDRESS			
C-TY - ST - ZIP				4.4 C(TY-				
TITLE		***************************************	DELETE	5.1 TITLE	· · · ·		Change	Addition
NAME				5.2 NAME				
STREET ADDRESS					T ADDRESS			
CITY - ST - ZIP				5 4 CITY-				
TITLE			DELETE	6 1 TITLE	<u> </u>		Change	Addition
NAME				6.2 NAME				_

6.3 STREET ADDRESS

64 CITY-ST-ZIP 14. I do horeby 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 Dispance or the attachment with an address.