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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000052264 (4)

THE HALL WAY, INC.

Principal Place of Business

Mailing Address

## **FILED** May 01 1998 8:00am Secretary of State



| 12085 PENZANCE LANE<br>NEW PORT RICHEY FL 34654 |  | 12065 PENZANCE LANE<br>NEW PORT RICHEY FL 34654 |                    |                                  |   |                                 |                            |
|---|--|---|--------------------|----------------------------------|---|---------------------------------|----------------------------|
|   |  |   |                    |                                  | DO NOT WRITE IN THIS  | SPACE                           |                            |
|   |  |   |                    |                                  | Date Incorporated or Qualified O6/19/1996   |                                 |                            |
| 2. Principal P                                  | lace of Business   | 2a. Mailing Address                             |                    |                                  | 4. FEI Number   | - Ar                            | plied For                  |
| 21  |  | 26  |                    |                                  | 59-3388047  | · · · · · · · · · · · · · · · · | t Applicable               |
| Sulte, Apt. #, etc.                             |  | Suite, Apt. #, etc.                             |                    |                                  |   | \$8.75                          | <del></del>                |
| 22  |  | 27  |                    | 5. Certificate of Status Desired | Fee Re  |                                 |                            |
| City & State                                    | 9  | City & State                                    |                    |                                  | 6. Election Campaign Financing  | \$5.00                          | May Re                     |
| 23  |  | 28  |                    |                                  | Trust Fund Contribution   | Added                           |                            |
| Zip   | Country  | Zip   | Coun               | ltry                             | 8. This corporation owes or has paid the co   | urrent year Int                 | angible                    |
| 24  | 25   | 29  | 30                 |                                  | Personal Property Tax due June 30.  | X Yes                           | ] No                       |
|   | 9. Name and Address of Current   | Registered Agent                                |                    | т.                               | 10. Name and Address of New Registered  | J Agent                         |                            |
|   | ERILAWYER CHARTERED  |   |                    | 31 Name                          |   |                                 |                            |
| 343   | ALMERIA AVENUE   |   | 1                  | 32 Street Add                    | dress (P.O. Box Number is Not Acceptable)   |                                 | <del></del>                |
| CO  | RAL GABLES FL 33134  |   |                    |                                  |   |                                 |                            |
|   |  |   | 8                  | 33                               |   |                                 |                            |
|   |  |   |                    | 34 City                          | <u> </u>  | DE Zin (                        | Code                       |
|   |  |   | (                  | City                             | Fl  | <b>85</b>   Zip (               | COOR                       |
| Office or re                                    | <b>to the</b> provisions of Sections 607.0502<br>e <b>giste</b> red agent, or both, in the State o<br>m <b>fam</b> iliar with, and accept the obligati | l Florida. Such change was a                    | authorized.        | by the coroor:                   | rporation submits this statement for the purpose cation's board of directors. I hereby accept the ap                      | of changing it pointment as     | s registered<br>registered |
| SIGNATURE                                       |  |   |                    |                                  |   |                                 |                            |
|   | Signature, typed or printed name of registered agout   |   |                    | Agent signature req              | u red when reinstating) DATE  |                                 |                            |
| 12.   | OFFICERS AND   | DELETE  | 13.                | <u> </u>                         | ADDITIONS/CHANGES TO OFFICERS AN  |                                 |                            |
| '   | HALL, PATRICIA L   | Proj netrie                                     | 1.1 TITL           |                                  |   |                                 |                            |
| NAME  | •  |   | 1.2 NAM            |                                  |   |                                 |                            |
| STREET ADDRESS                                  | 12065 PENZANCE LANE  |   |                    | EET ADDRESS                      |   |                                 |                            |
| CITY-ST-Z#P                                     | NEW PORT RICHEY FL 34654<br>STD  | DELETE  | _                  | -ST-ZIP                          |   | <u> </u>                        | I La ree                   |
| TITLE   |  | U DECEIE  | 2.1 TITU           |                                  |   | Change                          | Addition                   |
| NAME  | HALL, DENNIS A   |   | 2.2 NAM            |                                  |   |                                 |                            |
| STREET ADDRESS                                  | 12065 PENZANCE LANE  |   | 2.3 STREET ADDRESS |                                  |   |                                 |                            |
| CITY-ST-ZIP                                     | NEW PORT RICHEY FL 34654   |   |                    | r-ST-ZIP                         |   |                                 | 1                          |
| TITLE   |  | L_ DELETE                                       | 3.1 TITU           |                                  |   | Change                          | Addition                   |
| NAME  |  |   | 32 NAM             | _                                |   |                                 |                            |
| STREET ADDRESS                                  |  |   |                    | et address                       |   |                                 |                            |
| CITY-ST-ZIP                                     |  | Deceme  | _                  | r-ST-7IP                         |   | · —                             | 7 7                        |
| TITLE   |  | ☐ DELET <b>E</b>                                | 4.1 TITLE          |                                  |   | Change                          | Addition                   |
| NAME  | 1  |   | 4. 2 NAN           | 1                                |   |                                 |                            |
| STREET ADDRESS                                  |  |   |                    | ET ADDRESS                       |   |                                 |                            |
| CITY-ST-ZIP                                     |  | Destre  | 4.4 CITY           | <del></del>                      |   |                                 |                            |
| TITLE   |  | ☐ DELETE  | 5.1 TITU           |                                  |   | Change                          |                            |
| NAME  |  |   | 5.2 NAM            | E                                |   |                                 |                            |
| STREET ADDRESS                                  |  |   | 5.3 STRE           | ET ADDRESS                       |   |                                 |                            |
| CITY-ST-ZIP                                     |  |   | 5.4 CITY           | -ST - ZIP                        |   |                                 |                            |
| TITLE   | ☐ DELETE   |   | 61 TITLE           | [                                |   | Change                          | ☐ Addition                 |
| NAME  |  |   | 6.2 NAM            | E                                |   |                                 |                            |
| STREET ADDRESS                                  |  |   | 6.3 STRE           | ET ADDRESS                       |   |                                 |                            |
| CITY-ST-ZIP                                     |  |   | 6.4 CITY           | - ST - Z(P                       |   |                                 |                            |
| 14. I hereby of                                 | ertify that the information supplied with  | this filing does not qualify for                | or the exem        | ption stated in                  | n Section 119.0 <mark>7(3)(I), Florida Statutes. I further c</mark><br>ure shall have the same legal effect as if made ur | ertify that the                 | information                |
| Officer or o                                    | director of the corporation or the receiver Block 13 if changed, or on an attach   | er or trusted empow <b>ered to</b> d            | execute thi        | s report as rec                  | ure shall have the same legal effect as if made ut<br>quired by Chapter 607, Florida Statutes; and that                   | my name app                     | n i am an<br>Déars in      |