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PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA OFPARTMENT OF STATE

Sandra B. Mortham

FILED

May 13 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600060272 (7)

BOBBY G. HALL SR. ENTERPRISES, INC.

Principal Place of Business Mailing Address 1801 53RD LANE SW 1801 53RD LANE 8W NAPLES FL 33999 NAPLES FL 34116-5605 3. Date incorporated or Qualified 3a. Date of Last Report 07/17/1996 2. Principal Place of Business 2a. Mailing Address 4. FELNumber Applied For Not Applicable 26 21 Surle, Apl. #, etc Suite. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 🗌 No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 HALL, BOBBY G SR. 1801 53RD LANE SW Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 33999 63 84 Zip Code City **65** 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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 607.0505, Florida Statutes. SIGNATURE Signature typicalse purified narse of registered agent and title if applicable (NOTE: Flegistered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 8 TITLE DELETE 1.1 TITLE ☐ Change ☐ Addition HALL, BOBBY G SR. 32E034 1.2 NAME NAME 1801 53RD LANE SW STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL 33999 CDY- 51-26 1.4 CITY - ST - ZIP DELETE Addition Change 2.1 TITLE THE 2.2 NAME NAM 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CHY-S1-71P Addition DELETE 3.1 TITLE Change III.E 32 NAME NAME 3.3 STREET ADDRESS STREET ADORESS 3.4. CITY-ST-ZIP CHTY - ST - ZIF DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAMi 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST- 202 DELETE Change Addition THE 5 ! TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-S1-ZIP DELETE 6.1 TITLE ☐ Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

SIGNATURE:

14. I do hereby certify that the info information indicated on this i I am an officer or director of in

appears in Block 12 or Blo

March

mation supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the is dinual 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 the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

6.4 CITY-ST-ZIP