Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

Not Applicable

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000046154

Country

9. Name and Address of Current Registered Agent

25

HALL, GREGORY J

7316 NOVA CIRCLE

1. Corporation Name

G.J. HALL AND ASSOCIATES, INC.

Prin	cipal P	lace	of	Business
7215	NOVA	CIRC	) F	

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

**TAMPA FL 33634** 

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23

24

Zip

Mailing Address

TAMPA FL 33634

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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7315 NOVA CIRCLE

## **FILED** Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90055 033 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

59-3511133

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

05/20/1998

4. FEI Number

TAMPA FL 33634		83								
		84	City	<del> </del>		-	FL	85	Zip Co	ode
office or registered a	isions of Sections 607.0502 and 607.1508, Florida Statutes, th agent, or both, in the State of Florida. Such change was author with, and accept the obligations of, Section 607.0505, Florida S	zed by	the comp	corporation submits th oration's board of direc	nis state ctors. I	ement for the purp hereby accept the	ose of o	changin tment a	g its r is regi	egistered stered
SIGNATURE Signature, typ	ed or printed name of registered agent and title if applicable (NOTE: Regis	ered Age	nt signature	required when reinstating)			ATE			
12.	OFFICERS AND DIRECTORS	13.		ADDITIONS	S/CHAN	NGES TO OFFICE	RS AN			
TITLE	☐ DELETE	.1 TITLE		PRESIDENT		-		☐ Cha	nge	Addition
NAME	ŀ	.2 NAME		CRECCERY J	HAL	·				
STREET ADDRESS	<b>,</b>	.3 STREE	T ADDRESS	7316 NOVA	حرر		~			
CITY-ST-ZIP	•	.4 CITY - S	T-ZIP	TAMPA	<u>آر</u>	<u> </u>				
TITLE	☐ DELETE :	.1 TITLE		TREASURER.	156	CEETARY		☐ Cha	nge	Addition
IAME		2 NAME		BRITTANY 1	. H	au_				
STREET ADDRESS		3 STREE	TADDRESS	7316 NOUR	Cu	eciE				
CITY-ST-ZIP	1	. 4 CITY-5	ST-ZIP	TAMPA F	حــــــ	33684 <u> </u>				
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CITY-ST-ZIP		.4 CITY-S	T-ZIP							
14 I hereby certify that t	the information supplied with this filing does not qualify for the	exempl	ion state	d in Section 119.07(3)	(i). Flor	ida Statutes. I furt	her cert	ify that	the in	formation

Country

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is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in address, with all other like empowered. officer or director of the corporation or the receiblock 12 or Block 13 if changed or on an atta-

SIGNATURE: Y

ED NAME OF SIGNING OFFICER OR DIRECTOR