SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V69101** **(6)**

1. Corporation Name

G.S. HALE, INC.

Principal Place of Business	Mailing Address
5289 MAGNOLIA CIRCLE NORTH JACKSONVILLE FL 32211	5289 MAGNOLIA CIRCLE NORTH JACKSONVILLE FL 32211

2. Principal Place of Business
21: 5702 Macy Dr
22: Suite, Apt. #, etc.
23: City & State: Jax Fla
24: Zip: 32207 25: Country: USA

2a. Mailing Address
26: 5702 Macy Dr
27: Suite, Apt. #, etc.
28: City & State: Jax Fla
29: Zip: 32207 30: Country: USA

3. Date Incorporated or Qualified: **10/02/1992**

3a. Date of Last Report: **11/01/1995**

4. FEI Number: **59-3142728** [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent

HALE, GARY
5289 MAGNOLIA CIRCLE N
JACKSONVILLE FL 32211

10. Name and Address of New Registered Agent

81 Name: Gary S Hale
82 Street Address (P.O. Box Number is Not Acceptable): 5250 Lasser Rd
83:
84 City: Jax FL 85 Zip Code: 32207

11. Pursuant to the provisions of Section 607.0501 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 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HALE, GARY S. 5289 MAGNOLIA CIRCLE N JACKSONVILLE FL 32211	[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HALE, VICTOR A. 5289 MAGNOLIA CIRCLE N JACKSONVILLE FL 32211	[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HALE, ANTOINETTE R. 5289 MAGNOLIA CIRCLE N JACKSONVILLE FL 32211	[X] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Secretary Treasurer Mark Yound Jacksonville Fla	[ ] Change [X] Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		[ ] Change [ ] Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		[ ] Change [ ] Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		[ ] Change [ ] Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		[ ] Change [ ] Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		[ ] Change [ ] Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with this address.

SIGNATURE: G S Hale

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)