

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Feb 11 1997 8:00am
Secretary of State

DOCUMENT # V69101 (6)

1. Corporation Name
HALE BUILDERS, INC.



Principal Place of Business

5702 MACY DR
JACKSONVILLE FL 32207
US

Mailing Address

5702 MACY DR
JACKSONVILLE FL 32207
US

2. Principal Place of Business

21 5702 MACY AVE
Suite, Apt. #, etc.

22

City & State

23 JAX FL

Zip

24 32211

Country

25 USA

2a. Mailing Address

26 5702 MACY AVE
Suite, Apt. #, etc.

27

City & State

28 JAX FL

Zip

29 32211

Country

30 USA

3. Date Incorporated or Qualified

10/02/1992

3a. Date of Last Report

06/25/1996

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 ☐ No

9. Name and Address of Current Registered Agent

HALE, GARY S
5250 VASSA RD
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name Please note corrected spelling
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-25-97

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME HALE, GARY S.
STREET ADDRESS 5289 MAGNOLIA CIRCLE N
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE VP ☐ DELETE

NAME HALE, VICTOR A.
STREET ADDRESS 5289 MAGNOLIA CIRCLE N
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE ST ☐ DELETE

NAME YOUNG, MARK
STREET ADDRESS 5289 MAGNOLIA CIRCLE N
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P ☒ Change ☐ Addition

12 NAME VICTOR HALE
13 STREET ADDRESS 5289 MAGNOLIA CIRCLE N
14 CITY-ST-ZIP JAX FL 32211

21 TITLE VP ☒ Change ☐ Addition

22 NAME GARY HALE
23 STREET ADDRESS 5250 VASSA RD
24 CITY-ST-ZIP JAX FL 32207

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby 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 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE REQUIRED

CR2E034 (9/96)