

Robert L. “Bob” Hall III

Florida Residency

1. Once a year between 2001 – 2013, Hall swore under oath to being a “resident” of the State of Florida for purposes of keeping his federal government contracting business incorporated in the State of Florida.
2. During the period of time from 2009 – 2013, Hall swore under oath to also being a resident of the State of Texas.
3. Hall voted in the 2008 Florida November Election.
4. In 2012, Hall’s candidate application for State Senate was REJECTED by the Republican Party of Texas because he failed to meet the minimum 5-year in state Texas residency requirement.
5. In 2013, Hall’s candidate application for State Senate stated he had been a continuous resident of Texas for 4 years and 1 month despite Hall also swearing under oath with the Florida Secretary of State to being a Florida resident in 2009 – 2013.

Sources:

Florida Secretary of State Corporations Division (Sunbiz.org)

Walton County, Florida Supervisor of Elections (www.votewalton.com)

Robert L. Hall 2011 Candidate Application REJECTED by Republican Party of Texas

Robert L. Hall 2013 Candidate Application

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L69447

FILED
Jan 25, 2013
Secretary of State
CC4552817267

Entity Name: PROFESSIONAL PROPOSAL MANAGEMENT, INC.

Current Principal Place of Business:

109 W. BRADLEY ST
MIRAMAR BEACH, FL 32550

Current Mailing Address:

P.O BOX 6390
NAVARRE, FL 32566 US

FEI Number: 59-2996181

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HALL, ROBERT LPST
109 W. BRADLEY ST
MIRAMAR BEACH, FL 32566 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PST
Name HALL, ROBERT L
Address PO BOX 6390
City-State-Zip: NAVARRE FL 32566

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT L. HALL

PRESIDENT

01/25/2013

Electronic Signature of Signing Officer/Director Detail

Date

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L69447

FILED
Feb 09, 2012
Secretary of State

Entity Name: PROFESSIONAL PROPOSAL MANAGEMENT, INC.

Current Principal Place of Business:

New Principal Place of Business:

109 W. BRADLEY ST
MIRAMAR BEACH, FL 32550 US

Current Mailing Address:

New Mailing Address:

P.O BOX 6390
NAVARRE, FL 32566 US

FEI Number: 59-2996181

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HALL, ROBERT L PST
109 W. BRADLEY ST
MIRAMAR BEACH, FL 32566 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PST
Name: HALL, ROBERT L
Address: PO BOX 6390
City-St-Zip: NAVARRE, FL 32566 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT L. HALL

PRES

02/09/2012

Electronic Signature of Signing Officer or Director

Date

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L69447

FILED
Mar 14, 2011
Secretary of State

Entity Name: PROFESSIONAL PROPOSAL MANAGEMENT, INC.

Current Principal Place of Business:

New Principal Place of Business:

109 W. BRADLEY ST
MIRAMAR BEACH, FL 32550 US

Current Mailing Address:

New Mailing Address:

P.O BOX 6390
NAVARRE, FL 32566 US

FEI Number: 59-2996181

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HALL, ROBERT L PST
109 W. BRADLEY ST
MIRAMAR BEACH, FL 32566 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PST
Name: HALL, ROBERT L
Address: PO BOX 6390
City-St-Zip: NAVARRE, FL 32566 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT L. HALL

PRES

03/14/2011

Electronic Signature of Signing Officer or Director

_____ Date

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L69447

FILED
Mar 08, 2010
Secretary of State

Entity Name: PROFESSIONAL PROPOSAL MANAGEMENT, INC.

Current Principal Place of Business:

New Principal Place of Business:

109 W. BRADLEY ST
MIRAMAR BEACH, FL 32550 US

Current Mailing Address:

New Mailing Address:

P.O BOX 6390
NAVARRE, FL 32566 US

FEI Number: 59-2996181

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HALL, ROBERT L PST
109 W. BRADLEY ST
MIRAMAR BEACH, FL 32566 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST
Name: HALL, ROBERT L
Address: PO BOX 6390
City-St-Zip: NAVARRE, FL 32566 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT L. HALL

PST

03/08/2010

Electronic Signature of Signing Officer or Director

_____ Date

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L69447

FILED
Jan 30, 2009
Secretary of State**Entity Name:** PROFESSIONAL PROPOSAL MANAGEMENT, INC.**Current Principal Place of Business:****New Principal Place of Business:**109 W. BRADLEY ST
MIRAMAR BEACH, FL 32550 US**Current Mailing Address:****New Mailing Address:**P.O BOX 6390
NAVARRE, FL 32566 US**FEI Number:** 59-2996181**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:****Name and Address of New Registered Agent:**HALL, ROBERT L PST
109 W. BRADLEY ST
MIRAMAR BEACH, FL, FL 32566 USHALL, ROBERT L PST
109 W. BRADLEY ST
MIRAMAR BEACH, FL 32566 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

01/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().**OFFICERS AND DIRECTORS:****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PST () Delete
Name: HALL, ROBERT L
Address: PO BOX 6390
City-St-Zip: NAVARRE, FL 32566 US**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT L. HALL

P

01/30/2009

Electronic Signature of Signing Officer or Director

Date

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L69447

FILED
Feb 25, 2008
Secretary of State

Entity Name: PROFESSIONAL PROPOSAL MANAGEMENT, INC.

Current Principal Place of Business:

New Principal Place of Business:

109 W. BRADLEY ST
MIRAMAR BEACH, FL 32550 US

Current Mailing Address:

New Mailing Address:

P.O BOX 6390
NAVARRE, FL 32566 US

FEI Number: 59-2996181

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HALL, ROBERT L PST
109 W. BRADLEY ST
MIRAMAR BEACH, FL, FL 32566 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: HALL, ROBERT L
Address: PO BOX 6390
City-St-Zip: NAVARRE, FL 32566 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT L. HALL

PRES

02/25/2008

Electronic Signature of Signing Officer or Director

_____ Date

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L69447

FILED
Apr 10, 2007
Secretary of State**Entity Name:** PROFESSIONAL PROPOSAL MANAGEMENT, INC.**Current Principal Place of Business:**PO BOX 6390
NAVARRE, FL 32566 US**New Principal Place of Business:**109 W. BRADLEY ST
MIRAMAR BEACH, FL 32550 US**Current Mailing Address:**P.O BOX 6390
NAVARRE, FL 32566 US**New Mailing Address:****FEI Number:** 59-2996181**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HALL, ROBERT L
PO BOX 6390
NAVARRE, FL 32566 US**Name and Address of New Registered Agent:**HALL, ROBERT L PST
109 W. BRADLEY ST
MIRAMAR BEACH, FL, FL 32566 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ROBERT L. HALL

04/10/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().**OFFICERS AND DIRECTORS:****Title:** PST () Delete
Name: HALL, ROBERT L
Address: PO BOX 6390
City-St-Zip: NAVARRE, FL 32566 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT L. HALL

PST

04/10/2007

Electronic Signature of Signing Officer or Director

Date

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L69447

FILED
Apr 27, 2006
Secretary of State**Entity Name:** PROFESSIONAL PROPOSAL MANAGEMENT, INC.**Current Principal Place of Business:**PO BOX 6390
NAVARRE, FL 32566 US**New Principal Place of Business:****Current Mailing Address:**P.O BOX 6390
NAVARRE, FL 32566 US**New Mailing Address:****FEI Number:** 59-2996181**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HALL, ROBERT L
PO BOX 6390
NAVARRE, FL 32566 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().**OFFICERS AND DIRECTORS:****Title:** PST () Delete
Name: HALL, ROBERT L
Address: PO BOX 6390
City-St-Zip: NAVARRE, FL 32566 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT L. HALL

PRES

04/27/2006

Electronic Signature of Signing Officer or Director

Date

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L69447

FILED
Feb 02, 2005
Secretary of State**Entity Name:** PROFESSIONAL PROPOSAL MANAGEMENT, INC.**Current Principal Place of Business:**8157 CARMONA ST
NAVARRE, FL 32566 US**New Principal Place of Business:**PO BOX 6390
NAVARRE, FL 32566 US**Current Mailing Address:**P.O BOX 6390
NAVARRE, FL 32566 US**New Mailing Address:****FEI Number:** 59-2996181**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HALL, ROBERT L
PO BOX 6390
NAVARRE, FL 32566 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().**OFFICERS AND DIRECTORS:****Title:** PST () Delete
Name: HALL, ROBERT L
Address: PO BOX 6390
City-St-Zip: NAVARRE, FL 32566 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT L. HALL

PRES

02/02/2005

Electronic Signature of Signing Officer or Director

Date

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L69447

FILED
Jan 13, 2004
Secretary of State**Entity Name:** PROFESSIONAL PROPOSAL MANAGEMENT, INC.**Current Principal Place of Business:**8157 CARMONA ST
NAVARRE, FL 32566 US**New Principal Place of Business:****Current Mailing Address:**P.O BOX 6390
NAVARRE, FL 32566 US**New Mailing Address:****FEI Number:** 59-2996181**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HALL, ROBERT L
8157 CARMONA ST
NAVARRE, FL 32566 US**Name and Address of New Registered Agent:**HALL, ROBERT L
PO BOX 6390
NAVARRE, FL 32566 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

01/13/2004

Date

Election Campaign Financing Trust Fund Contribution ().**OFFICERS AND DIRECTORS:****Title:** PST () Delete
Name: HALL, ROBERT L
Address: 8157 CARMONA ST
City-St-Zip: NAVARRE, FL 32566 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PST (X) Change () Addition
Name: HALL, ROBERT L
Address: PO BOX 6390
City-St-Zip: NAVARRE, FL 32566 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT L. HALL

Electronic Signature of Signing Officer or Director

PST

01/13/2004

Date

The seal of the State of Florida is a circular emblem. It features a central scene with a palm tree, a sun, and a body of water. The words "GREAT SEAL OF THE STATE OF FLORIDA" are inscribed around the top inner edge, and "IN GOD WE TRUST" is inscribed around the bottom inner edge.

02-17-2003 90231 009 ***150.00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # _____

CR2E034 (10/02)

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L69447**

Entity Name

PROFESSIONAL PROPOSAL MANAGEMENT, INC.

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90279 037 ***150.00

Principal Place of Business

57 CARMONA ST
AVARRE FL 32566
S

Mailing Address

8157 CARMONA ST
NAVARRE FL 32566
US



Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

PO Box 6390

DO NOT WRITE IN THIS SPACE

City & State

Zip

Country

City & State

Zip

Country

NAVARRE, FL

32566

Santa Rosa

4. FEI Number

59-2996181

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HALL, ROBERT L
8157 CARMONA ST
NAVARRE FL 32566

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1. OFFICERS AND DIRECTORS

FILE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
HALL, ROBERT L
8157 CARMONA ST
NAVARRE FL 32566
☐ Delete

FILE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

FILE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

FILE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

FILE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

FILE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/02

850 939 6868

Date

Daytime Phone #

CR2E034 (9/01)

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 AUG 20 PM 3:06

DOCUMENT # L69447

1. Corporation Name

PROFESSIONAL PROPOSAL MANAGEMENT, INC.

2. Principal Office Address

8157 CARMONA ST.

Suite, Apt. #, etc.

3. Mailing Office Address

8157 CARMONA ST.

Suite, Apt. #, etc.

City & State

NAVARRE, FL

Zip
32566Country
USA

City & State

NAVARRE, FL

Zip
32566Country
USA4. Date Incorporated or Qualified
To Do Business in Florida

5/1/1990

5. FEI Number

59-2996181

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

HALL, Robert L.

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

8157 CARMONA ST.

Suite, Apt. #, Etc.

City

NAVARRE

State
FL

Zip Code

32566

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 8 Aug '00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PST	Robert L. Hall	8157 CARMONA ST. A	NAVARRE, FL 32566
	1050.00 - Adm		
	61.25 - ARC		
	88.75 - ARSUPP		

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8 Aug '00

Date

850-939-6868

Daytime Phone #

Bobby Beasley
Supervisor of Elections
Voter Registration Receipt

WALTON COUNTY, FL

Regn Number	108876818
Voter Name	HALL, ROBERT L
Residence	109 W BRADLEY ST #25 MIRAMAR BEACH FL 32550
Mailing Address	PO BOX 6390 NAVARRE FL 32566
Voter Status	I(A) Active Voter
Birth Date	Mar/05/1942
Sex	M
Race	5
Party	REP
Registration Date	Jul/27/2004
Assistance Required	N

Voted in 2008 General Election
Voted in 2006 General Election
Voted in 2004 General Election





REPUBLICAN PARTY OF TEXAS

1108 Lavaca Street Suite 500
Austin, TX 78701
Phone 512.477.9821
Fax 512.480.0709
texasgop.org

March 9, 2012

Mr. Robert Lee Hall
728 Private Road 7005
Edgewood, TX 75117

Dear Mr. Hall:

Thank you for your application and petitions to run as a candidate for the office of Texas State Senator, District 2.

We originally accepted your application but today received a challenge to your application on the basis of minimum residency requirement. Your application states that you have lived in the state of Texas for 2 years and 1 month at the time of your filing. Article 3, Section 6 of the Texas Constitution requires that to serve in the Texas Senate one "shall be a resident of this State five years next preceding his election".

Based on the review of the appeal, we must reject your application for Texas Senate, District 2. Enclosed is a copy of the challenge.

Thank you,

Steve Munisteri
Chairman
Republican Party of Texas

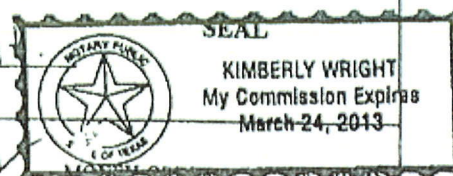
Enclosures: (1)

received by mail
DEC 15 2011

All information is required to be provided unless indicated as optional

APPLICATION FOR A PLACE ON THE REPUBLICAN PARTY GENERAL PRIMARY BALLOT

TO: State/County Chair I request that my name be placed on the above-named official primary ballot as a candidate for nomination to the office indicated below.					
OFFICE SOUGHT Include any place number or other distinguishing number, if any. <u>SENATE SD-2</u>				INDICATE TERM <input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED	
FULL NAME (First, Middle, Last) <u>ROBERT LEE HALL</u>			PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT <u>BOB HALL</u>		
PERMANENT RESIDENCE ADDRESS (Street address and apartment number. If none, describe location of residence. Do not include P.O. Box or Rural Rt.) <u>728 PRIVATE ROAD 7005</u>			MAILING ADDRESS (If different from residence address)		
CITY <u>EDGEWOOD</u>	STATE <u>TEXAS</u>	ZIP <u>75117</u>	CITY	STATE	ZIP
EMAIL ADDRESS (Optional)		OCCUPATION (Do not leave blank) <u>BUSINESSMAN</u>	DATE OF BIRTH <u>3/5/42</u>	COUNTY OF RESIDENCE <u>VAN ZANDT</u>	
TELEPHONE NUMBER (Include area code) (Optional) OFFICE: HOME: <u>903-896-1684</u>		Length of Continuous Residence as of Date Application Sworn IN STATE <u>2</u> yr(s) <u>1</u> mos IN COUNTY <u>1</u> yr(s) <u>7</u> mos IN DISTRICT OR PRECINCT <u>1</u> yr(s) <u>7</u> mos			
If using a nickname as part of your name to appear on the ballot, you are also signing and swearing to the following statements: I further swear that my nickname does not constitute a slogan nor does it indicate a political, economic, social, or religious view or affiliation. I have been commonly known by this nickname for at least three years prior to this election.					
Before me, the undersigned authority, on this day personally appeared (name) <u>ROBERT LEE HALL</u> , who being by me here and now duly sworn, upon oath says: "I, (name) <u>ROBERT LEE HALL</u> , of <u>VAN ZANDT</u> County, Texas, being a candidate for the office of <u>TEXAS STATE SENATE SD-2</u> , do hereby swear that I will support and defend the Constitution and laws of the United States and of the State of Texas, and that I am a citizen of the United States; I have not been found guilty of a felony for which I have been deprived of the right to hold office under the Constitution and laws of this state. I have not been determined by a final judgment to be a person who has been adjudged to be totally mentally incapacitated or partially mentally incapacitated without the right to vote under the provisions of the Texas Government Code.					
I further swear that the statements included in this application are true and correct.					
SIGNATURE OF CANDIDATE <u>Robert Lee Hall</u>					
Sworn to and subscribed before me on this <u>12</u> day of <u>December</u> , 2011.					
Signature of Officer administering oath <u>Kimberly Wright</u>					
TO BE COMPLETED BY CHAIR: THIS APPLICATION IS ACCOMPANIED BY THE REQUIRED FILING FEE, PAID BY CASH <input type="checkbox"/> CHECK <input checked="" type="checkbox"/> CHECK <input type="checkbox"/> DONATION IN LIEU OF FILING FEE <input type="checkbox"/> This document and \$ <u>1250</u> filing fee or a nominating petition of <u>12/15</u> pages received. (See Section 1.007)					
Date <u>12/15</u> Signature of Chair <u>Stephen Mumslive</u>					



DEC - 2 2013

All information is required to be provided unless indicated as optional

APPLICATION FOR A PLACE ON THE REPUBLICAN PARTY GENERAL PRIMARY BALLOT

TO: State/County Chair I request that my name be placed on the above-named official primary ballot as a candidate for nomination to the office indicated below.																	
OFFICE SOUGHT Include any place number or other distinguishing number, if any. <u>TEXAS STATE SENATE - SD 2</u>				INDICATE TERM <input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED													
FULL NAME (First, Middle, Last) <u>ROBERT LEE HALL</u>			PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT <u>BOB HALL</u>														
PERMANENT RESIDENCE ADDRESS (Street address and apartment number. If none, describe location of residence. Do not include P.O. Box or Rural Rt.) <u>728 PRIVATE ROAD 7005</u>			MAILING ADDRESS (If different from residence address) <u>CAMPAIGN MAIL ADDRESS</u> <u>P.O. Box 513</u>														
CITY <u>EDGEWOOD</u>	STATE <u>TEXAS</u>	ZIP <u>75117</u>	CITY <u>CANTON</u>	STATE <u>TEXAS</u>	ZIP <u>75103</u>												
EMAIL ADDRESS (Optional) <u>BOB.HALL@TEXASGULL.NET.COM</u>		OCCUPATION (Do not leave blank) <u>BUSINESSMAN</u>		DATE OF BIRTH <u>3/5/42</u>	COUNTY OF RESIDENCE <u>VAN ZANDT</u>												
TELEPHONE NUMBER (Include area code) (Optional) OFFICE: HOME: <u>903-896-1684</u>		<table border="1"><thead><tr><th colspan="3">Length of Continuous Residence as of Date Application Sworn</th></tr><tr><th>IN STATE</th><th>IN COUNTY</th><th>IN DISTRICT OR PRECINCT</th></tr></thead><tbody><tr><td><u>4</u> yr(s)</td><td><u>3</u> yr(s)</td><td><u>3</u> yr(s)</td></tr><tr><td><u>1</u> mos</td><td><u>7</u> mos</td><td><u>7</u> mos</td></tr></tbody></table>				Length of Continuous Residence as of Date Application Sworn			IN STATE	IN COUNTY	IN DISTRICT OR PRECINCT	<u>4</u> yr(s)	<u>3</u> yr(s)	<u>3</u> yr(s)	<u>1</u> mos	<u>7</u> mos	<u>7</u> mos
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I further swear that the foregoing statements included in my application are in all things true and correct."																	
<table border="0"><tr><td colspan="2" style="text-align: center;"><u>X</u> <u>Robert Lee Hall</u> SIGNATURE OF CANDIDATE</td></tr></table>						<u>X</u> <u>Robert Lee Hall</u> SIGNATURE OF CANDIDATE											
<u>X</u> <u>Robert Lee Hall</u> SIGNATURE OF CANDIDATE																	
Sworn to and subscribed before me at <u>Austin, TX</u> this the <u>2nd</u> day of <u>December</u> 2013.																	
<u>Cindi McIntyre</u> Signature of Officer administering oath		<u>Notary</u> Title of Officer administering oath		<table border="1"><tr><td></td></tr></table>													
TO BE COMPLETED BY CHAIR:																	
THIS APPLICATION IS ACCOMPANIED BY THE REQUIRED FILING FEE, PAID BY CASH _____, CHECK _____, MONEY ORDER _____, CASHIERS CHECK <input checked="" type="checkbox"/> , OR A PETITION IN LIEU OF FILING FEE _____.																	
This document and \$ <u>1250.00</u> filing fee or a nominating petition of _____ pages received.																	
(See Section 1.007)																	
<u>12-2-2013</u> Date			<u>Shirley P. Minister</u> Signature of Chair														