2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

May 20, 2002 8:00 am Secretary of State DOCUMENT # 695575 1. Entity Name 05-20-2002 90103 049 ***150.00 TWO HAYNES ENTERPRISES, INCORPORATED Principal Place of Business Mailing Address P.O. BOX 9415 866 E. HWY. 98 PANAMA CITY BEACH FL 32417 DESTIN FL 32541 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59-2128348 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HARMON, DANIEL III Street Address (P.O. Box Number is Not Acceptable) **427 MCKENZIE AVENUE** PANAMA CITY FL 32401 City Zip Code 8. 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 Addition TITLE DDE Delete NAME NAME JOHN M HAYNES STREET ADDRESS STREET ADDRESS 874 E HWY 98 CITY-ST-ZIP CITY-ST-ZIP **DESTIN FL** ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME HELEN P HAYNES STREET ADDRESS STREET ADDRESS 874 E HWY 98 CITY-ST-7IP CITY-ST-ZIP **DESTIN FL** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP ☐ Detete TIT! F Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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 of 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.

FILED