FILED Apr 27, 1999 8:00 am Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT 1999

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secre ary of State DIVISION OF CORPORATIONS

	1999 DIVISION OF CORPORATIONS					04-27-1999 90168 001 ***150.00				
DOCU 1. Corporatio	MENT # 17	5256			_					
HAUGHT	TON & COMPANY,	, INC.								
						_				
Principal Plac	e of Business	М	ailing Address					IN BIN BIBIT	\$1811 01011 01011 S	
1507 MARGARH		1507 MARGABET ST.								
JACKSONYHILE	FL 32204	JA	CKSONVILLE FL 32204				DO NOT WRIT	E IN THIS	SPACE	
							3. Date Incorporated or Qualifed		- NOL	
4162	AVERDO 1	AVENUE .	SACKSON WILL	= [=]	12	22/0	09/12/1953			
2. Principal P	Place of Business		Mailing Address	- 	_ <u>_</u> _	<u> </u>	4. FEI Number		Apr	rlied For
21		26					59-0699781		Nor	t Applicable
Suite, Act.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	
22		27	0.00						Fee Re	·
City & Stat	te	-	City & State				6. Election Campaign Financing		\$5.00	
Zip	Country	/ 28	Zip	Cour	ntrv		Trust Fund Contribution	nt was In	Added to	o rees
24	25 29			30			This corporation owes the curre Personal Property Tax.	mi year in	tangible ☐ Yes >	*ŽNO
	9. Name and Addres						10. Name and Address of New R	egistere 1		
					81	Name				
HAUGHTON, MALACHI					82	Street Ad to	ess (P.O. Box Number is Not Accepta	ole)		
	7 MARGARET ST									
JAG	KSONVILLE FL 32204				83					
				İ	84	City			85 Zip C	cde
								FI_	<u>- </u>	-
11. Pursuant office or r	to the provisions of Secti registered agent, or both,	ions 607.0502 and 6 in the State of Florid	07.1508, Florida Statutes la. Such change was aut	s, the ab thorized	bove-r	e corpora id	oration submits this statement for the pon's board of directors. I hereby accept	the appoi	changing its i intment as reç	registered pistered
agent. I a	m familiar with, and acce	ept the obligatic ns of								
(SIGNATURIE	Signature, typed or printed nan e	of registered agent and title	f applicable (NOTE R	Registered A	Agent s	ignature required	HACGH TOW dwhen reinstating)	DATE	26-9	7
12.	()	FFICERS AND DIRE	CTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS A	ND DIRECTOR	R3 IN 12
TITLE	T		☐ DELETE	1.1 TITL	LE				Change	Addition
NAME	TILLIS, GAIL D.			1.2 NAM	ME	1				
STREET ADDRES 3	12205 BRADY ROAL			13STR	REET AL	DDRESS				
CITY-ST-ZIP	JACKSONVILLE, FL.	00000	☐ DELETE		Y-ST-Z	IP				- Additio-
TITLE	PD	OL 10 201	□ DECE LE	217171		1			Change	☐ Addition
NAME STREET ADDRESS	HAUGHTON, MALAG 3579 HERSCHEL ST			2.2 NAM		ODRESS .				
CITY-ST-ZIP	JACKSONVILLE, FL.		2.4 CITY-S'							
TITLE			☐ DELETE	3.1 TITLE					☐ Change	Addition
NAME	OWENS, BETTY B.		3.2 NAME		ļ					
STREET ADDRESS	1308 FIRST ST			3.3 STREET ADDRESS		ODRESS				
CITY-ST-ZIP	NEPTUNE BCH FL			34. CITY-ST-ZIP		ZIP				
TITLE		☐ DELETE		4.1 TITLE					Change	Addition
NAME				4 2 NAI	ME	1				
STREET ADDRESS				4.3 STR	REETAD	DORESS				
CITY-ST-ZIP			Clear	4.4 CIT		IP			Channe	- Addition
TITLE			☐ DELETE	5.1 TITL 5.2 NAM					Change	Addition
NAME STDEET ADDOCES				5.3 STR		ODRESS				
STREET ADDRESS CITY-ST-ZIP				5.4 C/TY						
TITLE			DELETE	6.1 TITL					Change	Addition
NAME				6.2 NAM	ΜE				_ •	

6.4 CITY-ST-ZIP 14. Thereby 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 path; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter £07, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address; with all other like empowered.

63 STREET ADDRESS