

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 209355 (7)

1. Corporation Name
HAYNES & HAYNES INSURANCE CO.



Principal Place of Business: 2222 COLONIAL ROAD SUITE 100, P. O. BOX 3231, FT PIERCE FL 34948
Mailing Address: 2222 COLONIAL ROAD SUITE 100, P. O. BOX 3231, FT PIERCE FL 34948

2. Principal Place of Business: 21 Sub: Apt #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address: 26 Sub: Apt #, etc. 27 City & State 28 Zip 29 Country 30

3. Date Incorporated or Qualified: 01/24/1958
3a. Date of Last Report: 01/24/1995
4. FEI Number: 59-0824583 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

9. Name and Address of Current Registered Agent

HAYNES JR, LOUIS
2222 COLONIAL ROAD
SUITE 100
FT. PIERCE FL 34950

10. Name and Address of New Registered Agent

81 Name: Louis I Haynes
82 Street Address (P.O. Box Number is Not Acceptable): 2222 Colonial Road, Suite 100
83
84 City: Ft Pierce FL 85 Zip Code: 34950

11. Pursuant to the provisions of Sections 607.0102 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent for 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 607.0104, Florida Statutes.

SIGNATURE: Louis I. Haynes

1-23-96

12. OFFICERS AND DIRECTORS
TITLE: PD NAME: HAYNES JR, LOUIS STREET ADDRESS: 1103 SOUTH 8TH STREET CITY-STATE-ZIP: FORT PIERCE FL
TITLE: VS NAME: HAYNES, LOUIS I. STREET ADDRESS: 1014 TRINIDAD AVE. CITY-STATE-ZIP: FORT PIERCE FL
TITLE: T NAME: DRISCOLL, MICHAEL J. STREET ADDRESS: 1920 WREN AVE CITY-STATE-ZIP: FORT PIERCE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE: PD NAME: VS STREET ADDRESS: ZIP 34982
2. TITLE: ST NAME: VS STREET ADDRESS: ZIP 34982
3. TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP: NAME: STREET ADDRESS: CITY-STATE-ZIP:
4. TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP:
5. TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP:
6. TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP:

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)(k), 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 or changed, or on an appointment with an address.

SIGNATURE: Louis I. Haynes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-96 409-461-6040
Date Page #

CR2E034 (12/95)