

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **289293** (3)

1. Corporation Name

**HAYNES ELECTRIC, INC.**



Principal Place of Business

Mailing Address

**2128-A N.E. 162ND ST.  
NORTH MIAMI BEACH FL 33162**

**2128-A N.E. 162ND ST.  
NORTH MIAMI BEACH FL 33162**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HAYNES, EZRA C  
815 N.E. 99 STREET  
MIAMI SHORES FL 33138**

81 Name

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person or persons authorized to file this statement

Signature of New Agent (if applicable) and date of filing

DATE

12. OFFICERS AND DIRECTORS

|                |                      |                                            |
|----------------|----------------------|--------------------------------------------|
| TITLE          | PD                   | <input type="checkbox"/> DELETE            |
| NAME           | HAYNES, EZRA C       |                                            |
| STREET ADDRESS | 815 N.E. 99 STREET   |                                            |
| CITY-ST-ZIP    | MIAMI SHORES FL      |                                            |
| TITLE          | D                    | <input checked="" type="checkbox"/> DELETE |
| NAME           | ANDERSON, BRUCE D.   |                                            |
| STREET ADDRESS | 20225 DELVISTA COURT |                                            |
| CITY-ST-ZIP    | MIAMI FL             |                                            |
| TITLE          |                      | <input type="checkbox"/> DELETE            |
| NAME           |                      |                                            |
| STREET ADDRESS |                      |                                            |
| CITY-ST-ZIP    |                      |                                            |
| TITLE          |                      | <input type="checkbox"/> DELETE            |
| NAME           |                      |                                            |
| STREET ADDRESS |                      |                                            |
| CITY-ST-ZIP    |                      |                                            |
| TITLE          |                      | <input type="checkbox"/> DELETE            |
| NAME           |                      |                                            |
| STREET ADDRESS |                      |                                            |
| CITY-ST-ZIP    |                      |                                            |
| TITLE          |                      | <input type="checkbox"/> DELETE            |
| NAME           |                      |                                            |
| STREET ADDRESS |                      |                                            |
| CITY-ST-ZIP    |                      |                                            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |                                                                   |
|-------------------|-------------------------------------------------------------------|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           |                                                                   |
| 13 STREET ADDRESS |                                                                   |
| 14 CITY-ST-ZIP    |                                                                   |
| 21 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           |                                                                   |
| 23 STREET ADDRESS |                                                                   |
| 24 CITY-ST-ZIP    |                                                                   |
| 31 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME           |                                                                   |
| 33 STREET ADDRESS |                                                                   |
| 34 CITY-ST-ZIP    |                                                                   |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME           |                                                                   |
| 43 STREET ADDRESS |                                                                   |
| 44 CITY-ST-ZIP    |                                                                   |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME           |                                                                   |
| 53 STREET ADDRESS |                                                                   |
| 54 CITY-ST-ZIP    |                                                                   |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME           |                                                                   |
| 63 STREET ADDRESS |                                                                   |
| 64 CITY-ST-ZIP    |                                                                   |

14. I do hereby certify that the information supplied in 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 if changed, or on an attachment with an address.

**SIGNATURE: EZRA C. HAYNES, President**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 30, 1996 305-945-8358  
Date Filing Fee #

CR2E034 (12/95)