

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

FILED

Jan 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 493604 (3)
1. Corporation Name
JERRY HALEY, INC.



Principal Place of Business Mailing Address
395 DOYLE RD. P.O. BOX 70 OSTEEN FL 32764
395 DOYLE RD. P.O. BOX 70 OSTEEN FL 32764-0070

3. Date Incorporated or Qualified 12/31/1975
3a. Date of Last Report 03/22/1996

2. Principal Place of Business 2a. Mailing Address
21 1057 PLATINUM CT 26 1057 PLATINUM CT
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number 59-1882015
Applied For Not Applicable

22 City & State 27 City & State
23 DELTONA, FL. 28 DELTONA

5. Certificate of Status Desired \$8.75 Additional Fee Required

24 Zip 32725 25 Country USA 29 Zip 32725 30 Country USA

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
HALEY, KATHLEEN M.
395 DOYLE ROAD
OSTEEN FL 32764

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent
81 Name KATHLEEN M. HALEY
82 Street Address (P.O. Box Number is Not Acceptable)
83 1057 PLATINUM CT
84 City DELTONA FL 85 Zip Code 32725

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

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	AS	<input type="checkbox"/> DELETE
NAME	BRAZEE, THERESA	
STREET ADDRESS	2765 FOXDALE DRIVE	
CITY - ST - ZIP	DELTONA FL	
TITLE	PVS	<input type="checkbox"/> DELETE
NAME	HALEY, KATHLEEN M.	
STREET ADDRESS	395 DOYLE ROAD	
CITY - ST - ZIP	OSTEEN 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	PVS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KATHLEEN M HALEY
2.3 STREET ADDRESS	1057 PLATINUM CT
2.4 CITY - ST - ZIP	DELTONA, FL. 32725
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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: *Kathleen M. Haley* 1-14-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)