

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

1995 JAN 18 PM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 635115 (9)

1. Corporation Name

M.B. HAYES, INC.

Principal Place of Business

**14034 N FLORIDA AVE
TAMPA FL 33613**

Mailing Address

**14034 N FLORIDA AVE
TAMPA FL 33613**

**600001333136
-01/30/95--01067--004
****217.50 ****217.50**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/05/1979** 3a. Date of Last Report **01/25/1994**

4. FEI Number **59-1952358** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ 2 **\$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 ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HAYES, MICHAEL B.
12805 NORTH 52ND STREET
TAMPA FL 33617**

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05 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. 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **HAYES, MICHAEL B.**
STREET ADDRESS **12805 N. 52ND STREET**
CITY-ST-ZIP **TAMPA FL**

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

TITLE **D**
NAME **HAYES, MARTHA R.**
STREET ADDRESS **12805 N. 52ND STREET**
CITY-ST-ZIP **TAMPA FL**

2.1 TITLE ☒ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

TITLE **DVS**
NAME **KNAPP, MARK A.**
STREET ADDRESS **512 MONTROSE AVE.**
CITY-ST-ZIP **TEMPLE TERRACE FL**

3.1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

TITLE **TD**
NAME **KNAPP, CHERI L.**
STREET ADDRESS **512 MONTROSE AVE.**
CITY-ST-ZIP **TEMPLE TERRACE FL**

4.1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

PAID 1-18

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(9)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

MARK A. KNAPP

1/10/95

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