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

**FILED PROFIT** Jan 23 1998 8:00am ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT #
1. Corporation Name 635115 (9)M.B. HAYES, INC. Principal Place of Business Mailing Address 14034 N FLORIDA AVE 14034 N FLORIDA AVE **TAMPA FL 33613 TAMPA FL 33613** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/05/1979 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 26 59-1952358 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional M 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 П 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes \square \text{No} No Zio 24 25 30 29 g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HAYES, MICHAEL B. 12805 NORTH 52ND STREET 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33617** 83 84 City 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 registere-flagent and title if applicable (NOTE Registered Agent a gnature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition NAME HAYES, MICHAEL B. 1.2 NAME 12805 N. 52ND STREET STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DVS DELETE Change TITLE 2.1 TITLE Addition DVS KNAPP, MARK A. KNAPP, MARK A. 2.2 NAME 1503 N. RIVERHILLS Dr. 512 MONTROSE AVE. STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP TEMPLE TERRACE FL TEMPLE TERRACE, FL 33617 2.4 CITY-ST-ZIP DELETE 3.1 TITLE Lenange Addition TITLE TD KNAPP, CHERIL. KNAPP, CHERI L. NAME 3.2 NAME 1503 N. RIVERHILLS Dr. STREET ADDRESS **512 MONTROSE AVE.** 3.3 STREET ADDRESS TEMPLE TERRATE TEMPLE TERRACE FL 33617 CITY-ST-ZIP 3.4. CITY-S1-ZIP DELETE TITLE 41 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP TITLE DELETE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIF

14. I 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 attention of the receiver of 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 attention of the receiver of trustee.

1/2/98

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