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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 695575

(1)

Corporation Name

## TWO HAYNES ENTERPRISES, INCORPORATED

Principal Place of Business Mailing Address P.O. BOX 9415 874 E. HWY. 98 PANAMA CITY BEACH FL 32417 DESTIN FL 32541 3. Date Incorporated or Qualified 3a. Date of Last Report 03/28/1995 07/22/1981 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-2128348 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State 6. Election Campaign Financing City & State  $\Box$ Trust Fund Contribution Added to Fees 23 28 8. This corporation has liability for intangible tax under s 199.032 Zιρ Country Country Zφ Yes No Elorida Statutes 30 25 24 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 HARMON, DANIEL III Street Address (P.O. Box Number is Not Acceptable) **427 MCKENZIE AVENUE** 83 PANAMA CITY FL 32401 Zip Code 85 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE NOTE: Registe ad Agest signature required when remotating Signature, typed or protect han a of reconsect agost and their application ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. CEC .- TRES DELETE Change Addition 1.1 Title TITLE HAYNES, JOHN M. HAYNES, JOHN M 1.2 NAME NAME 874 E HWY 98 1.3 STREET ADDRESS STREET ADDRESS **DESTIN FL** 1.4 CiTY - S1 - ZIP CITY-ST-ZIP PRESIDENT HAYNES, HELEN P. Addition STD DELETE 2 1 TITLE TITLE HAYNES, HELEN P NAME 874 E HWY 98 2.3 STREET ADDRESS STREET ADDRESS **DESTIN FL** CITY - ST - ZIP 2.4 City - ST - ZIP ☐ Change Addition DELETE 3 1 10/18 TITLE 3.2 NAME NAME 3.3 STREET ADURESS STREET ADDRESS 3 4 CITY - \$1 - ZIP CITY-ST-24P Change Addition [ ] DELETE 4 1 TiTLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST. ZIP CITY-ST-ZIP DELETE Change Addition 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CHY-ST-ZIP Addition DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CHY - ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualfy 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 cath; 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 all achiment with an address

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME ON SIGNING OFFICER OR DIRECTOR

SEC. TRES

4-12-96

(904)654.7788

Dayome Phone #

CR2E034 (12/95)