FILED Feb 19, 1999 8:00 am

Secretary of State

02-19-1999 90083 012 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G05275

BRIAN T. HAYES, P.A. Principal Place of Business Mailing Address % BRIAN T HAYES 245 E WASHINGTON ST 245 EAST WASHINGTON STREET 245 EAST WASHINGTON STREET DO NOT WRITE IN THIS SPACE MONTICELLO FL 32344 MONTICELLO FL 32344 3. Date incorporated or Qualifed 10/20/1982 FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-2222746 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Country Country Zip This corporation owes the current year Intangible Zin \square No 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name HAYES, BRIAN T 82 Street Address (P.O. Box Number is Not Acceptable) 245 EAST WASHINGTON STREET **MONTICELLO FL 32344** 83 84 City 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. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICER. AND DIRECTORS 13. ☐ Change ☐ Addition ☐ DELETE 1.1 TITLE TITLE PD 1.2 NAME HAYES, BRIAN T NAME 245 E WASHINGTON ST 1.3 STREET ADDRESS STREET ADDRESS MONTICELLO, FL 00000 1.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE Change ☐ Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP [7] Change ☐ Addition □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Addition 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 TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

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 attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE: _

CITY-ST-ZIP

STREET ADORESS

TITLE

NAME

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

□ DELETE

1-31-59 917

Change

Addition

CR2E034 (11/98)