

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G58589** (4)

1. Corporation Name
HAFCO, INC.



Principal Place of Business
**725 SANDESTIN
DESTIN FL 32541**

Mailing Address
**725 SANDESTIN
DESTIN FL 32541**

3. Date Incorporated or Qualified
09/08/1983

3a. Date of Last Report
03/20/1995

4. FEI Number
58-1322691

5. Certificate of Status Desired ☐ **\$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
21 **373 GOLFVIEW**
Suite, Apt. #, etc.
22 **SANDESTIN**
City & State
23 **DESTIN FL**
Zip Country
24 **32541**

2a. Mailing Address
26 **373 GOLFVIEW**
Suite, Apt. #, etc.
27 **SANDESTIN**
City & State
28 **DESTIN FL**
Zip Country
29 **32541** 30

9. Name and Address of Current Registered Agent
**HAYNES, G. W.
725 SANDESTIN
DESTIN FL 32541-2156**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DC	☐ DELETE
NAME	HAYNES, G W	
STREET ADDRESS	725 SANDPIPER SANDESTIN	
CITY, ST, ZIP	DESTIN, FL 00000	
TITLE	DVP	☐ DELETE
NAME	HAYNES, ELEANOR F.	
STREET ADDRESS	725 SANDPIPER SANDESTIN	
CITY, ST, ZIP	DESTIN FL	
TITLE	PP	☐ DELETE
NAME	HAYNES, STEVE	
STREET ADDRESS	209 HART CIRCLE	
CITY, ST, ZIP	DALLAS GA	
TITLE	D	☐ DELETE
NAME	TURNER, LISA H.	
STREET ADDRESS	407 WATER OAK	
CITY, ST, ZIP	TRUSSVILLE AL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	373 GOLFVIEW SANDESTIN
1.4 CITY, ST, ZIP	32541
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	373 GOLFVIEW - SANDESTIN
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify 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 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: *G.W. Haynes* **G.W. HAYNES** 2/24/96 904-837-5387
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)