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Jan 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **G58589** (4)

1. Corporation Name
HAFCO, INC.



Principal Place of Business
**373 GOLFVIEW DR.,
SANDESTIN
DESTIN FL 32541
US**

Mailing Address
**373 GOLFVIEW
SANDESTIN
DESTIN FL 32541-4544
US**

3. Date Incorporated or Qualified 09/08/1983	3a. Date of Last Report 02/29/1996
4. FEI Number 58-1322691	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	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 G.W. HAYNES	
82 Street Address (P.O. Box Number is Not Acceptable) 373 GOLFVIEW DRIVE	
83 City SANDESTIN	
84 City DESTIN	85 Zip Code FL 32541

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) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYNES, G W	1.2 NAME	
STREET ADDRESS	373 GOLFVIEW SANDESTIN	1.3 STREET ADDRESS	
CITY - ST - ZIP	DESTIN, FL 32541	1.4 CITY - ST - ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYNES, ELEANOR E	2.2 NAME	
STREET ADDRESS	373 GOLFVIEW SANDESTIN	2.3 STREET ADDRESS	
CITY - ST - ZIP	DESTIN FL	2.4 CITY - ST - ZIP	
TITLE	PP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYNES, STEVE	3.2 NAME	
STREET ADDRESS	209 HART CIRCLE	3.3 STREET ADDRESS	
CITY - ST - ZIP	DALLAS GA	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, LISA H.	4.2 NAME	
STREET ADDRESS	407 WATER OAK	4.3 STREET ADDRESS	
CITY - ST - ZIP	TRUSSVILLE AL	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 or on an attachment with an address.

SIGNATURE: G.W. Haynes **G.W. HAYNES** 1/18/97 904-837-5387
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)