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

PROFIT CORPORATION ANNUAL REPORT

1999

HAZY, VICTOR, JR.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

30

81 Name

DOCUMENT # G78537

1. Corporation Name

VICTOR HAZY, JR., I	NC.				
Principal Place of Business 1501-B E. HWY 436 FERN PARK FL 32730 US		Mailing Address 830 NW 13TH STREET GAINESVILLE FL 32601-9903			
Suite, Apt. #, etc.		27	Suite, Apt. #, etc	· ·	
City & State		. 28	City & State		
Zip	Country		Zip	Country	

29

9. Name and Address of Current Registered Agent

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90019 028 ***150.00



Applied For

□No

Fee Required

\$5.00 May Be

Added to Fees

Yes

Not Applicable \$8.75 Additional

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

~ Trust Fund Contribution

Personal Property Tax.

01/09/1984

4. FEI Number 59-2355633

830 N.W. 13TH STREET			82	82 Street Address (P.O. Box Number is Not Acceptable)					
GAINESVILLE FL 32601									
			84	Í	FL	.	Code		
office or re	to the provisions of Sections 607.0502 and egistered agent, or both, in the State of Flor in familiar with, and accept the obligations of	ida. Şuch change was aut	horized by	the corporat	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoi	changing its ntment as re	registered gistered		
SIGNATURE	Signature, typed or printed name of registered agent and title	a d applicable /NOTE: F	Registered Agen	nt signature requir	red when reinstating) DATE				
12.	OFFICERS AND DIR		13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	ORS IN 12		
TITLE	PST	☐ DELETE	1.1 TITLE			Change	Addition		
NAME	HAZY, VICTOR JR		1.2 NAME						
STREET ADDRESS	830 N.W. 13TH STREET		1.3 STREET	ADDRESS					
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-S						
TITLE	CANALOVICE I E	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition		
NAME			2.2 NAME						
STREET ADDRESS			2.3 STREET	ADDRESS					
CITY-ST-ZIP			2. 4 CITY-S)					
TITLE		DELETE	3.1 TITLE		 	Change	Addition		
NAME .			3.2 NAME						
STREET ADDRESS			3.3 STREET	FADDRESS					
CITY-ST-ZIP	·		3.4. C/TY-S	IT-ZIP					
TITLE		☐ DELETE	4.1 TITLE			Change	Addition		
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET	ADORESS					
City-st-zip			4.4 CITY-\$1	T-ZIP	•				
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition		
NAME			5.2 NAME	Ì					
STREET ADDRESS			5.3 STREET	F ADDRESS					
CITY-ST-ZIP			5.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	6.1 TITLE		***************************************	Change	☐ Addition		
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET	T ADDRESS					
CITY-ST-ZIP			6.4 CITY-ST	T-ZIP			٠.		
14. I hereby c	ertify that the information supplied with this	filing does not qualify for t	he exempti	on stated in	Section 119.07(3)(i), Florida Statutes. I further cer	tify that the	information		

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.



352-377 -7283