

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G83560** (4)

1. Corporation Name

DONALD C. HALEY, INC.



Principal Place of Business

**1418 S.E. 24TH STREET
CAPE CORAL FL 33990**

Mailing Address

**1418 S.E. 24TH STREET
CAPE CORAL FL 33990**

3. Date Incorporated or Qualified
02/07/1984

3a. Date of Last Report
04/18/1995

2. Principal Place of Business

21 **1939 SE 36TH STREET**

2a. Mailing Address

26 **1939 SE 36TH ST**

4. FEI Number

59-2445288

Applied For

Not Applicable

22 Suite, Apt. #, etc.

CAPE CORAL,

27 Suite, Apt. #, etc.

CAPE CORAL, FL

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

23 City & State

FL.

28 City & State

CAPE CORAL, FL

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

24 Zip

33904

Country

USA

29 Zip

33904

Country

USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ADAMSKI, ROBERT C.
4635 SOUTH DEL PRADO BLVD.
CAPE CORAL FL**

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

Signature typed or printed name of registered agent and the filer, if applicable.

(NOTE: Registered Agent signature required when ever stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD HALEY, DONALD C.**

STREET ADDRESS **1418 SE 24 ST**

CITY- ST- ZIP **CAPE CORAL FL**

TITLE ☐ DELETE

NAME **STD HALEY, GAIL E.**

STREET ADDRESS **1418 SE 24 ST**

CITY- ST- ZIP **CAPE CORAL FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

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

1.4 CITY- ST- ZIP

**1939 SE 36TH ST
CAPE CORAL, FL 33904**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

SAMERS ABOVE

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: **Donald C. Haley** **DONALD C. HALEY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96 **941-540 9633**

Daytime Phone #

CR2E034 (12/95)