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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Jan 23 1996 8:00 am  
Secretary of State

DOCUMENT # J32601 (3)

1. Corporation Name

NATIONAL SERVICES OF HAINES CITY, INC.



Principal Place of Business

4555 US 17-92 W  
HAINES CITY FL 33844  
US

Mailing Address

4555 US 17-92 W  
HAINES CITY FL 33844  
US

3. Date Incorporated or Qualified  
09/08/1986

3a. Date of Last Report  
11/02/1995

4. FEI Number  
59-2743497

Applied For  
Not Applicable

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

H. HAYWOOD JOHNSON  
315 W GRAHAM PK  
HAINES CITY FL 33844

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME JOHNSON, H. HAYWOOD

12 NAME

STREET ADDRESS 4555 US 17-92

13 STREET ADDRESS

CITY-STATE-ZIP HAINES CITY FL

14 CITY-STATE-ZIP

TITLE VT ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME JOHNSON, JUDY G.

22 NAME

STREET ADDRESS 4555 US 17-92

23 STREET ADDRESS

CITY-STATE-ZIP HAINES CITY FL

24 CITY-STATE-ZIP

TITLE S ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME HANSEN, MAUREEN

32 NAME

STREET ADDRESS 4555 US 17-92

33 STREET ADDRESS

CITY-STATE-ZIP HAINES CITY FL

34 CITY-STATE-ZIP

TITLE V ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME WELLS, RON

42 NAME

STREET ADDRESS 4555 US 17-92

43 STREET ADDRESS

CITY-STATE-ZIP HAINES CITY FL

44 CITY-STATE-ZIP

TITLE V ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME ANGLE, WYNELLE R

52 NAME

STREET ADDRESS 4555 US 17-92

53 STREET ADDRESS

CITY-STATE-ZIP HAINES CITY FL

54 CITY-STATE-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

62 NAME

STREET ADDRESS

63 STREET ADDRESS

CITY-STATE-ZIP

64 CITY-STATE-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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 15, 1996 (941) 422-1801  
Date Daytime Phone #

CR2E034 (12/95)