

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # L07580 (8)**  
**1. Corporation Name: BOBBY HAYES CONSTRUCTION COMPANY, INC.**

Principal Place of Business

Mailing Address

4525 SW 83RD AVENUE  
MIAMI FL 33155  
LIS

4525 SW 83RD AVENUE  
MIAMI FL 33155  
U.S.

3. Date Incorporated or Qualified <b>08/04/1989</b>		3a. Date of Last Report <b>08/08/1995</b>	
4. FEI Number <b>65-0139266</b>		Applied For	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> 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	4525 SW 83 <sup>rd</sup> Ave Suite, Apt #, etc.	26	4525 SW 83 <sup>rd</sup> Ave Suite, Apt #, etc.
22	City & State	27	City & State
23	Miami, FL	28	Miami, FL
24	Zip	29	Zip
25	Country	30	Country
24	33155	29	33155
25	USA	30	USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARLSON, DAVID LEE**  
**145 CURTISS PARKWAY**  
**MIAMI SPRINGS FL 33166**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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: Ring-Stamped Agent Signature required when remitting.)

136

12. OFFICERS AND DIRECTORS

## OFFICERS AND DIRECTORS

### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HAYES, ROBERT	
STREET ADDRESS	4525 S.W. 83RD. AVE.	
CITY - ST - ZIP	MIAMI FL	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

NAME	STREET ADDRESS	CITY - ST - ZIP	PHONE	DATE	DELETED
NAME	STREET ADDRESS	CITY - ST - ZIP	PHONE	DATE	DELETED

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

3.4 UNIT - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	

54 CITY- ST- ZIP		
61 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Robert H. Hayes ROBERT H. HAYES PRESIDENT 8/7/96 (305) 327-9861

CR2E034 (3/96)