

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L13013 (2)**

1. Corporation Name

WILLIAM M. HAYDEN, JR. CONSULTANTS, INC.



Principal Place of Business

3063 HARTLEY ROAD
SUITE 4
JACKSONVILLE FL 32257
US

Mailing Address

P.O. BOX 56022
JACKSONVILLE FL 32241
US

3. Date Incorporated or Qualified
08/31/1989

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

2. Principal Place of Business
21 **11571 Sedgemoore Dr East**

2a. Mailing Address

26. State, Apt. #, etc.

22 **Suite 1200**

27. City & State

23 **Jacksonville, FL**

24 **32223** 25 **Duval**

29. Zip 30. Country

4. FEI Number
59-2976850

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

g. Name and Address of Current Registered Agent

**HAYDEN, WILLIAM M., JR.
3063 HARTLEY RD
SUITE #4
JACKSONVILLE FL 32257**

10. Name and Address of New Registered Agent

81 Name **Hayden, William M. Jr.**
82 Street Address (P.O. Box Number is Not Acceptable)
11571 Sedgemoore Dr East Suite 1200
83
84 City **Jacksonville** FL 85 Zip Code **32223**

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 *W.M. Hayden Jr.* **W.M. HAYDEN JR.**

4/19/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPS	<input type="checkbox"/> DELETE
NAME	HAYDEN, WILLIAM M., JR.	
STREET ADDRESS	3063 HARTLEY RD #4	
CITY - ST - ZIP	JACKSONVILLE 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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1. TITLE	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	Hayden William M. Jr.	
3. STREET ADDRESS	11571 Sedgemoore Dr East #1200	
4. CITY - ST - ZIP	Jacksonville, Florida 32223	
2. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
2. STREET ADDRESS		
2. CITY - ST - ZIP		
3. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME		
3. STREET ADDRESS		
3. CITY - ST - ZIP		
4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME		
4. STREET ADDRESS		
4. CITY - ST - ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME		
5. STREET ADDRESS		
5. CITY - ST - ZIP		
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
6. STREET ADDRESS		
6. 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: *W.M. Hayden Jr.* **W.M. HAYDEN JR.**

4/19/96 904 260 7700

CR2E034 (12/95)