

**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	<input type="checkbox"/> DELETE
NAME	<b>HAYDEN, WILLIAM M., JR.</b>
STREET ADDRESS	<b>3063 HARTLEY RD #4</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	<b>DPS Hayden William M. Jr.</b>
3. STREET ADDRESS	<b>11571 Sedgemoore Dr East #1200</b>
4. CITY - ST - ZIP	<b>Jacksonville, Florida 32223</b>
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. 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 2607700**

CR2E034 (12/95)