

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 21 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L17621 (8)

1. Corporation Name  
WILLIAM A. HAYWARD & ASSOCIATES, INC.

Principal Place of Business % WILLIAM A. HAYWARD, JR. 5915 MEMORIAL HWY., SUITE K TAMPA FL 33615	Mailing Address % WILLIAM A. HAYWARD, JR. 5915 MEMORIAL HWY., SUITE K TAMPA FL 33615
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3300 Henderson Blvd. Tr Suite, Apt. #, etc. 22 Suite 100 City & State 23 Tampa, Florida Zip 24 33609		2a. Mailing Address 26 3300 Henderson Blvd. Suite, Apt. #, etc. 27 Suite 100 City & State 28 Tampa, Florida Zip 29 33609		3. Date Incorporated or Qualified 09/15/1989	
				4. FEI Number 59-2974256	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HAYWARD, WILLIAM A., JR. 5915 MEMORIAL HWY SUITE K TAMPA FL 33615		10. Name and Address of New Registered Agent 81 Name William A. Hayward, Jr. 82 Street Address (P.O. Box Number is Not Acceptable) 3300 Henderson Blvd. 83 Suite 100 84 City Tampa FL 85 Zip Code 33609	
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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 for 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  DATE 1-9-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAYWARD, WILLIAM A., JR. 5915 MEMORIAL HWY #K TAMPA FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P Hayward, William A., Jr. 3300 Henderson Blvd. #100 Tampa, Florida 33609 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAYWARD WILLIAM A SR. 5915 MEMORIAL HWY #K TAMPA FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	V Hayward, William A., Sr. 3300 Henderson Blvd. #100 Tampa, Florida 33609 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PRESLEY, DONELYN ELIZAB 5915 MEMORIAL HWY #K TAMPA FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	T Presley, Doneyn E. 330 Henderson Blvd. # 100 Tampa, Florida 33609 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE 1-9-98 (813) 875-5252

CR2E034 (10/97)