

PROFIT
CORPORATION
ANNUAL REPORTFLORIDA DEPARTMENT OF STATE
Sandra B. Monahan
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L87887

1. Corporation Name

KEITH HAYMES & ASSOC., P.A.

Principal Place of Business

Mailing Address

1320 S. DIXIE HWY.
SUITE 1190
CORAL GABLES, FL 33146-2942

3. Date Incorporated or Qualified 07/17/1990 36. Date of Last Report 06/09/99

2. Principal Place of Business

26. Mailing Address

27. Same as above

28. Same as above

4. FID Number

65-0215150

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

X

\$8.75 Additional

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

X

\$5.00 Vary By

7. In

Country

29. In

Country

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes

X

Yes X No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KEITH HAYMES
1320 S. DIXIE HWY #1190
CORAL GABLES, FL 33146-
2942

81. Name

N/A

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 607.1608, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent for the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

NOTE: Registered Agent signature required when applicable

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE

DELETE

NAME

D
KEITH HAYMES

STREET ADDRESS

1320 S. DIXIE HWY #1190

CITY-ST-ZIP

CORAL GABLES, FL 33146

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

SIGNATURE:

Signature and typed name of signing officer or director

Date

Signature and typed name of signing officer or director

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 199.03(4), 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 made under oath. This I am a director or officer of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, or that my name appears in Block 13-1 changed, or on an attachment with an address.

R07/12

Julia Loftus
10605 S.W. 130 Terrace
Miami, Florida 33176
(305)969-3780

June 22, 2000

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

In Re: Keith Haymes & Associates, P.A.
1320 S. Dixie Highway
Suite 1190
Coral Gables, FL 33146-2942

To Whom It May Concern:

I am the bookkeeper for the law firm of Keith Haymes & Associates, P.A. and I am on maternity leave at this time with my three-week-old daughter. I have all of the payables available to me, but the latest Annual Report for Profit Corporation form was not received.

After conversations with two of your helpful advisers, namely Patrick and Tom, I was advised to write a letter stating that our Uniform Business Report was not received. I was also instructed to find a past form and make a copy with the information replaced with the latest updates and enclose a check for \$150.00.

I hope that doing so has not caused too much of an inconvenience.

Enclosed please find a Profit Corporation Annual Report and a check in the amount of 158.75 for the annual report fee and a certificate of status.

Thank you for your anticipated cooperation.

Sincerely,

Julia Loftus, for
Keith Haymes & Associates, P.A.