

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

FILED
May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M83928

(5)

1. Corporation Name

HAYES & FORD ENTERPRISES, INC.

Principal Place of Business

Mailing Address

% ROGER A. HAYES
2663 WEST HIGHWAY 50
OCOE FL 34761

% ROGER A. HAYES
2663 WEST HIGHWAY 50
OCOE FL 34761

3. Date Incorporated or Qualified

06/06/1988

3a. Date of Last Report

12/23/1996

2. Principal Place of Business

2a. Mailing Address

21 11063 W COLONIAL DR
Suite, Apt. #, etc.

27 11063 W COLONIAL DR
Suite, Apt. #, etc.

4. FEI Number

59-2893564

Applied For

Not Applicable

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

22 City & State

23 OCOEE FL 34761

Zip

Country

24 34761

27 City & State

28 OCOEE FL 34761

Zip

Country

29 34761

30

9. Name and Address of Current Registered Agent

HAYES, ROGER A.
2663 WEST HIGHWAY 50
OCOE FL 32781

(same physical
address but #
chgd by the city)

10. Name and Address of New Registered Agent

81 Name

HAYES, ROGER A.

82 Street Address (P.O. Box Number is Not Acceptable)

11063 W COLONIAL DR

83

84 City

OCOEEE

FL

85 Zip Code

34761

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: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
DVS	HAYES, ROGER A.	5130 WOODRIDGE	ORLANDO FL	<input type="checkbox"/>
DP	HAYES, DEBORAH A.	5130 WOODRIDGE	ORLANDO FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

14. I do 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:

Deborah A. Hayes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-97 407-292-6432
Date Daytime Phone # 0012806

CR2E034 (9/96)