SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.) NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** N03218 HAYWOOD FOUNDATION, INC. Maiting Address Principal Place of Business C/O OLIVER G. HAYWOOD C/O OLIVER G. HAYWOOD 5585 LAS BRISAS DRIVE 5585 LAS BRISAS DRIVE VERO BEACH FL 32967 VERO BCH FL 32967 3. Date Incorporated or Qualified 3a. Date of Last Report US 05/22/1984 04/24/1995 2. Principal Place of Business 4. FEI Number 2a, Mailing Address Applied For 23-7028521 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 28 Trust Fund Contribution Country 8. This corporation has liability for intangible tax under s. 199.032, Žip Country Zin Yes X No 30 Florida Statutes 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent HAYWOOD, OLIVER G. Street Address (P.O. Box Number is Not Acceptable) 82 5585 LAS BRISAS DRIVE VERO BEACH FL 32967 83 85 Zip Code City 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/8)OFFICERS AND DIRECTORS 12 13. DELETE 1.1 TITLE Change Addition TITLE HAYWOOD, OLIVER G. 1.2 NAME NAME **CR2E037** 5585 LAS BRISAS DRIVE 1.3 STREET ADDRESS STREET ADDRESS VERO BEACH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 21 TITLE HAYWOOD, ROBERT C 22 NAME NAME 31251 EAGLE CREST LANE 23 STREET ADDRESS STREET ADDRESS **EVERGREEN CO** 2.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE HAYWOOD, BARBARA A. 3.2 NAME NAME 5585 LAS BRISAS DRIVE 3 3 STREET ADDRESS STREET ADDRESS VERO BEACH FL 3.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE HAYWOOD, MARIALYS G 4. 2 NAME NAME 31251 EAGLE CREST LANE 4.3 STREET ADDRESS STREET ADDRESS **EVERGREEN CO** 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 51 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST-ZIP CITY-ST-ZIP Change Addition DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.4 CITY - ST - ZIP

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/23/96 Date 581-563-299x Daytime Phone #

0018409