

3-5-97 B-2690 C  
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Mar 05 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 # P15361 (9)

1. Corporation Name  
A.J. HAINES, INC.

Principal Place of Business

35 IORIO DRIVE  
TRENTON, NJ. 08620

Mailing Address

35 IORIO DRIVE  
TRENTON, NJ. 08620-1246

3. Date Incorporated or Qualified  
07/28/1987

3a. Date of Last Report  
03/05/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 1018 CLARELLEN DR

27 Suite, Apt. #, etc.

28 City & State

28 FT. MYERS, FL.

29 Zip

30 Country

4. FEI Number

22-1849874

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

9. Name and Address of Current Registered Agent

HAINES, ALFRED J.  
1018 CLARELLEN DR.  
FT. MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name

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 607.1508, 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 of registered agent or person authorized to register agent and file if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PST ☐ DELETE

NAME HAINES, ALFRED J.  
STREET ADDRESS 1018 CLARELLEN DR.  
CITY - ST - ZIP FT MYERS FL

TITLE D ☐ DELETE

NAME HAINES, ALFRED J.  
STREET ADDRESS 1018 CLARELLEN DR.  
CITY - ST - ZIP FT MYERS FL

TITLE VPAT ☐ DELETE

NAME HAINES, MATTHEW  
STREET ADDRESS 13239 HEATHER RIDGE LOOP  
CITY - ST - ZIP FT. MYERS FL

TITLE V ☐ DELETE

NAME HOLMAN, KERRY  
STREET ADDRESS 18368 HAWTHORNE ROAD  
CITY - ST - ZIP FT. MYERS FL

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY - ST - ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY - ST - ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALFRED J. HAINES

Date 2/24/97

Daytime Phone # 433 1116

CR2E034 (9/96)