## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT

1996



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

P9200000128 (8) DOCUMENT #
1. Corporation Name

HAUPT & COLLINS, INC.

Principal Place 5760 YOUNG #6 FT. MYERS I	OUIST RD.	#6 FT. MYERS FL 33912	5760 YOUNGOUIST RD. #6			3. Date incorporated or Qualified   3a. Date of Last Report				
00		US			3	<ol> <li>Date Incorporated or Qualified 10/27/1992</li> </ol>		or Last 1 1/18/19		
2. Principal Pla 21	ace of Business	2a. Mailing Address 26			4	. FET Number <b>65-0365865</b>	<b>L</b>		Applied For Not Applicable	
Suite, Apt. 4		Suite, Apt. #, etc.			5	6. Certificate of Status Desired			<b>5</b> Additional Required	
City & State		Crty & State	-		6	Election Campaign Financing     Trust Fund Contribution			00 May Be led to Fees	
Zip <b>24</b>	Country 25	Zip <b>29</b>	Country		8.	i. This corporation has liability for Florida Statutes	intangible ta s ⊟No	ix under s	s 199.032,	
	9. Name and Address of Curr		[30]		l	). Name and Address of New		Agent	<del>-</del>	
			81	Nam			. regionorea			
	S, TROY D		82	Stron	ot Addrson (E	P.O. Box Number is Not Accepta	blo)			
	OUNGQUIST ROAD		02	Siree	at Address (r	.o. box nomber is not accepta	Diej			
#6			83							
FT. MYE	RS FL 33912		84	City				85 7	7ip Code	
11 Diversion to	o the provinces of Captions 607.05	00 and 607 (500 Ft-/-)- 64-1 4-					<u> </u>			
SIGNATURE	o the provisions of Sections 607.05 ad agent, or both, in the State of Fich, and accept the obligations of, Se Standards the obligations of registered ag	ction 607.0505, Florida Statutes.	d by the corporate Registered Agen					registere	d agent. I am	
12.		ND DIRECTORS	13.	Signatur	6. Goldinest Main ou	ADDITIONS/CHANGES TO OFF	DATE FICERS AND	DIRECT	ORS IN 12	
TITLE	DP	☐ DELETE	1. 1 TITLE					Change	·	
NAME	HAUPT, KEITH M		1.2 NAME				_		_	
STREE1 ADDRESS	5760 YOUNGQUIST ROAD,	<b>. #6</b>	1.3 STREET	ADDRES!	5					
CITY-SI-ZIP	FT. MYERS FL		1.4 CITY - S	- ZIP						
TITLE	DST TROVE	☐ DELETE	2 1 TITEE		1	······································	[	] Change	☐ Addition	
NAME	COLLINS, TROY D	#6	2.2 NAME							
STREET ADDRESS	5760 YOUNGQUIST ROAD, FT. MYERS FL	#0	23 STREET	ADDRESS	S					
CITY-ST-ZIP	FI. MICRO PL	Florica	24 CITY-S	ZIP	<b></b>					
TITLE		☐ DELETE	3 1 TATLE				Ĺ	] Change	Addition	
NAME			3.2 NAME							
STREET ADDRESS			33 STREET		\$					
CITY-ST-ZIP TITLE		☐ DELETE	3.4 CHY-SI 4. 1 THLE	• ZIF	+	····		7 Change	Addition	
NAME			4.2 NAME				L	⊒ ∨ imige	C Macricon	
STREET ADDRESS			4.3 STREET	ADDRESS	s					
CITY-S1-ZIP			4.4 CHTY - ST							
TITLE		☐ DELETE	5 1 THILE		1			Change	Addition	
NAME			5.2 NAME							
STREET ADDRESS			5 3 STREET	ADDRESS	s					
CITY-ST-ZIP			5.4 CHY-S1	- <b>Z</b> IF						
TITLE		DELETE	6 1 TITLE				Ī	] Change	Addition	
NAME			6.2 NAME							
STREET ADDRESS			6 3 STREET	DDRESS	3					
CHY-ST-ZiP	certify that the information supplied	Luith this filing is unlessed at	6 4 CiTY - ST		India ( 4 - 1 - 2 )		07:0:8 - 5:			
certify that I oath; that I appears in	the information indicated on this an am an officer or director of the corp Block 12 or Block 13 if challiged,	nual report or supplemental annu	al report is trui empowered ti ss.	and a	accurate audi	that my sonature shall have the	same logal e orida Statute	effect as i	if made under nat my name	
SIGNATI	URE: Troy D.	COLLINE, Sect.	cours			11 Jan 1990	<sup>34</sup> 94	1/489	9-1012	

SIGNATURE: Troy "D. COLLEGE".

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17 Jan 1996 9 941/489-1012