FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

95 MAY 11 PM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000085653 (2)**

1. Corporate Name

HAYNES AND ROBINSON, INC.

Principal Place of Business	Mailing Address
3821 SCHIFKO ROAD CANTONMENT FL 32533	3821 SCHIFKO ROAD CANTONMENT FL 32533

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/14/1993**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21 | 2a. Mailing Address — 26

Suite, Apt. # or — 22 | Suite, Apt. # or — 27

City & State — 23 | City & State — 28

Zip — 24 | County — 25 | Zip — 29 | County — 30

4. FEI Number: **59-3214348** ☐ 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	10. Name and Address of New Registered Agent
HAYNES, DAVID V 3821 SCHIFKO ROAD CANTONMENT FL 32533	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 607.0505, 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

(If changing registered agent, registered agent must sign.) (If registered agent is a corporation, representative must sign.) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (if any)	
01 Title	D	11 Title	☐ Change ☐ Addition
02 Name	HAYNES, DAVID V	12 Name	
03 Street Address	3821 SCHIFKO ROAD	13 Street Address	
04 City, St, Zip	CANTONMENT FL 32533	14 City, St, Zip	
05 Title	D	21 Title	☐ Change ☐ Addition
06 Name	ROBINSON, DONALD C	22 Name	
07 Street Address	4251 OBREGON DR.	23 Street Address	
08 City, St, Zip	PENSACOLA FL 32504	24 City, St, Zip	
09 Title		31 Title	☐ Change ☐ Addition
10 Name		32 Name	
11 Street Address		33 Street Address	
12 City, St, Zip		34 City, St, Zip	
13 Title		41 Title	☐ Change ☐ Addition
14 Name		42 Name	
15 Street Address		43 Street Address	
16 City, St, Zip		44 City, St, Zip	
17 Title		51 Title	☐ Change ☐ Addition
18 Name		52 Name	
19 Street Address		53 Street Address	
20 City, St, Zip		54 City, St, Zip	
25 Title		61 Title	☐ Change ☐ Addition
26 Name		62 Name	
27 Street Address		63 Street Address	
28 City, St, Zip		64 City, St, Zip	

14. I declare, I certify that the information required with this report, which I voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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, trustee or other court-appointed fiduciary; and that I am familiar with the requirements to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Donald C. Robinson — Donald C. Robinson — 5/3/95 — 904-479-8932

SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Title — Date — Daytime Phone Number

0468956 FP