

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 14 AM 8:31

DOCUMENT # P94000022557 (0)

1. Corporation Name
HAYMARKET, INC.

Principal Place of Business

4410 NW 84 TERRACE
OCALA FL 34482

Mailing Address

4410 NW 84 TERRACE
OCALA FL 34482

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/18/1994

3a. Date of Last Report

4. Fed Number *no employees*

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

2. Principal Place of Business

21. *N/A*

State, Apt. #, etc.

22. City & State

23. Zip

Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

Country

9. Name and Address of Current Registered Agent

ROTH, EDWARD
4410 NW 84 TERRACE
OCALA FL 34482

10. Name and Address of New Registered Agent

81. Name

EDWARD ROTH

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

4410 NW 84 TERRACE

83. City

OCALA

84. State

OCALA

FL

85. Zip Code

34482

11. Pursuant to the provisions of Sections 607.07(2) 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 agree to the obligations of Section 607.07(2), Florida Statutes.

SIGNATURE

Edward Roth - EDWARD ROTH, President

MARCH 2, 1995

DATE

12. OFFICERS AND DIRECTORS

1. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PSD
ROTH, EDWARD
4410 NW 84 TERRACE
OCALA FL 34482

2. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
VD
SANDOVAL, GASTON
4410 NW 84 TERRACE
OCALA FL 34482

3. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

4. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

5. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

6. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE ☐ Change ☐ Addition

12. NAME

13. STREET ADDRESS

14. CITY-STATE-ZIP

2. 1. TITLE ☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

3. 1. TITLE ☐ Change ☐ Addition

32. NAME

33. STREET ADDRESS

34. CITY-STATE-ZIP

4. 1. TITLE ☐ Change ☐ Addition

42. NAME

43. STREET ADDRESS

44. CITY-STATE-ZIP

5. 1. TITLE ☐ Change ☐ Addition

52. NAME

53. STREET ADDRESS

54. CITY-STATE-ZIP

6. 1. TITLE ☐ Change ☐ Addition

62. NAME

63. STREET ADDRESS

64. CITY-STATE-ZIP

14. I, the undersigned, certify that the information supplied with this report was voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included 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 in an attachment with an address.

SIGNATURE:

Edward Roth
MONITOR AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

PRESIDENT Edward Roth

MARCH 2, 1995 - 404-622-1341

DATE

PHONE NUMBER