FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000030438** 1. Corporation Name

DALE E. HAYES, INC.

Principal Place of Busi
2511 FOX RUN CT. LAKE WALES FL 33853
LAKE WALES FL 33853

Mailing Address

2511 FOX RUN CT. LAKE WALES FL 33853

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90213 027 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

						04	/21/1994				
2. Principal P	ng Address				l Number			Ar	plied For		
21		26					-3237666			No.	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt	Suite, Apt. #, etc.				ertifcate of Statu	s Desired	.⊠ .	*	Additional
22		27					airiteois es istarri		· •••	Fee Re	equired
City & State City & State						6. El	ection Campaigr	r Financing		•	May Be
23						ust Fund Contrib	-			to Fees	
Zip	Country	Zip	_	Country			nis corporation o		rent year Int		□No
24 25 29 3 9. Name and Address of Current Registered Agent							ersonal Property ame and Addre		Pagistared	∐ Yes	Пио
	9. Name and Address	of Current Registered Age	nt	81	Name	10. N	ame and Addre	33 OI NOW	Kegistered	Agent	
HAYES, DALE E					Name					-	
2511 FOX RUN CT.					82 Street Address (P.O. Box Number is Not Acceptable)						
	WALES FL 33853			83							
LAINE	TIALLO I L GOOGG			83							
				84	City				FL	85 Zip	Code
							h 14- 41-1 1			a)	registered
office or r	egistered agent or both, in	ns 607.0502 and 607.1508, F the State of Florida. Such ch	iange was autho	orized by	the corpora	rporation st ition's board	uomits this state d of directors, I h	ment for the nereby acce	pt the appoi	changing its intment as re	egistered
agent. I a	m amiliar with, and accept	the obligations of, Section 60	07.0505, Florida	Statutes	1			-			
SIGNATURE	Nove E.	Hayen	Dale	E. k	MYES				3/8/	99	
		registered agent and title if applicable.	(NOTE: Reg	jistered Agen	t signature requi	ired when reins	DITIONS/CHAN	GES TO OF	UATE		ORS IN 12
12.		ICERS AND DIRECTORS	DELETE	1.1 TITLE		70	DITIONO/C/IAN	GLG 10 01	I IOLINO AI	Change	Addition
,	DPVS	_	Joecuit	1.2 NAME							_
	HAYES, DALE E				ADDOCCO						
	2511 FOX RUN CT.	•		1.3 STREET							
CITY-ST-ZIP	LAKE WALES FL 3385		DELETE	1.4 CITY-ST 2.1 TITLE	I-ZIP					Change	Addition
TITLE	HAVEO BALE E	_	DECETE	_							
	HAYES, DALE E			2.2 NAME							
	2511 FOX RUN CT.	•		2.3 STREET		!			·		
CITY-ST-ZIP	LAKE WALES FL 3385		DELETE	2. 4 CITY-S	T-ZIP .	~~.			<u> </u>	Change	Addition
TITLE		L	DECETE	3.1 TITLE							
NAME				3.2 NAME							
STREET ADDRESS				3.3 STREET							
CITY-ST-ZIP			DELETE	34. CITY-S 4.1 TITLE	1-ZIP					[] Change	☐ Addition
TITLE		L	JULLETE							ن السام	L.,
NAME				4.2 NAME	1000000						
STREET ADDRESS				4.3 STREET							
CITY-\$T-ZIP		Г	DELETE	4.4 CITY-S' 5.1 TITLE	1- ZIP					Change	Addition
TITLE		L	JULLIE	5.1 HILE 5.2 NAME							
NAME				5.3 STREET	ADDRESS						
STREET ADDRESS					1						
CITY-ST-ZIP			DELETE.	5.4 CITY-S' 6.1 TITLE	1-217					☐ Change	Addition
TITLE		L	DELETE							□ Change	☐ Vocition
NAME				6.2 NAME							
STREET ADDRESS				6.3 STREET	ADDRESS					,	

14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CR2E034 (11/98)