

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
Tallahassee, Florida 32399

DOCUMENT # **P94000089216 (3)**

1. Corporation Name

C. G. HAYGOOD AND ASSOCIATES, INC.

APPROVED
AND
FILED

20 MAY - 1 PM 3:11

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

**2112 IVANHOE RD
ORLANDO FL 32804**

**P.O. BOX 7731
ORLANDO FL 32854-7731**

(a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

3. Date Incorporation or Reorganization

12/08/1994

3a. Date of Last Report

n/a

2. Principal Place of Business

2a. Mailing Address

21

26

4. FET Number

59-3287128

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

29

8. This corporation has liability for intangible tax under s. 190.01, Florida Statutes.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HAYGOOD, CHARLES G
2112 IVANHOE RD.
ORLANDO FL 32804**

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 607.01(4)(c) 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 607.01(4)(c), Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Registered Agent's Representative)

(Signature of Registered Agent or Registered Agent's Representative)

(Signature)

12. OFFICERS AND DIRECTORS	
12.1 NAME STREET ADDRESS CITY, STATE, ZIP	President Charles G. Haygood 2112 Ivanhoe Rd. Orlando, FL 32804
12.2 NAME STREET ADDRESS CITY, STATE, ZIP	Secretary/Treasurer Charles G. Haygood, Jr. 2112 Ivanhoe Rd. Orlando, FL 32804
12.3 NAME STREET ADDRESS CITY, STATE, ZIP	
12.4 NAME STREET ADDRESS CITY, STATE, ZIP	
12.5 NAME STREET ADDRESS CITY, STATE, ZIP	
12.6 NAME STREET ADDRESS CITY, STATE, ZIP	
12.7 NAME STREET ADDRESS CITY, STATE, ZIP	
12.8 NAME STREET ADDRESS CITY, STATE, ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
13.1 NAME STREET ADDRESS CITY, STATE, ZIP	☐ Change ☐ Addition
13.2 NAME STREET ADDRESS CITY, STATE, ZIP	☐ Change ☐ Addition
13.3 NAME STREET ADDRESS CITY, STATE, ZIP	☐ Change ☐ Addition
13.4 NAME STREET ADDRESS CITY, STATE, ZIP	☐ Change ☐ Addition
13.5 NAME STREET ADDRESS CITY, STATE, ZIP	☐ Change ☐ Addition
13.6 NAME STREET ADDRESS CITY, STATE, ZIP	☐ Change ☐ Addition
13.7 NAME STREET ADDRESS CITY, STATE, ZIP	☐ Change ☐ Addition
13.8 NAME STREET ADDRESS CITY, STATE, ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.01(4)(c), Florida Statutes. I further certify that the information contained in 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 this corporation or this officer or director empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13. (Change for an officer or director with an address)

SIGNATURE:

Charles G. Haygood Charles G. Haygood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VS-1-95

407-426-9345