

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

FILED

Apr 17 1997 8:00am
Secretary of State

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # **P95000023339 (1)**

1. Corporation Name
HAYS ENTERPRISES, INC.



| | |
|---|--|
| Principal Place of Business 2224 BAHIA VISTA ST. #E-6 SARASOTA FL 34239 | Mailing Address 3400 S. TAMiami TR. SARASOTA FL 34239-6023 |
|---|--|

| | |
|--|--|
| 3. Date Incorporated or Qualified 03/22/1995 | 3a. Date of Last Report 05/01/1996 |
|--|--|

| | | | |
|--|---|---|---|
| 2. Principal Place of Business 21 1819 MAIN ST. Suite, Apt. #, etc. 22 Suite 106 City & State 23 SARASOTA, FL Zip 24 34236 Country 25 USA | 2a. Mailing Address 26 1819 MAIN ST. Suite, Apt. #, etc. 27 Suite 106 City & State 28 SARASOTA, FL Zip 29 34236 Country 30 USA | 4. FEI Number 65-0568659 Applied For <input type="checkbox"/> Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|---|---|
| 9. Name and Address of Current Registered Agent RIDDELL, JEFFERSON F 3400 SO. TAMiami TRAIL SARASOTA FL 34239 | 10. Name and Address of New Registered Agent 81 Name Michael R. Hays 82 Street Address (P.O. Box Number is Not Acceptable) 1819 MAIN ST. 83 Suite 106 84 City SARASOTA FL 85 Zip Code 34236 |
|---|---|

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.

SIGNATURE *Michael R. Hays* **Michael R. Hays President** DATE **4/14/97**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DPST HAYS, MICHAEL 1819 MAIN ST. SARASOTA FL 34236 <input type="checkbox"/> DELETE | 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE | 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE | 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE | 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE | 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE | 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do 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.

SIGNATURE: *Michael R. Hays* **Michael R. Hays** DATE **4/14/97** (941) 855-2133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)