

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P95000024906 (6)**

1. Corporation Name

**HAYES TELECOMMUNICATION SERVICES, INC.**



Principal Place of Business

Mailing Address

~~1311-A PAUL RUSSELL RD.~~  
~~SUITE 201~~  
~~TALLAHASSEE FL 32301~~

~~1311-A PAUL RUSSELL RD.~~  
~~SUITE 201~~  
~~TALLAHASSEE FL 32301~~

3. Date Incorporated or Qualified

**03/29/1995**

3a. Date of Last Report

**03/29/95**

2. Principal Place of Business

2a. Mailing Address

**21 1355 Thomaswood Dr.**

**26 1355 Thomaswood Dr.**

4. FEI Number

**59-3329095**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

City & State

City & State

**23 Tallahassee, FL**

**28 Tallahassee, FL**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

Zip Country

Zip Country

**24 32312**

**25 US**

**29 32312**

**30 US**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RICHMOND, HAROLD S.**  
**227 E. JEFFERSON ST.**  
**QUINCY FL 32351**

81 Name

**Hayes, Danny**

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

**1355 Thomaswood Dr.**

83

84 City

**Tallahassee**

**FL**

85 Zip Code  
**32312**

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 607.0506, Florida Statutes.

SIGNATURE \*

*Danny Hayes*  
Signature, typed or printed name of registered agent and title if applicable.

**Danny Hayes**

(NOTE: Registered Agent Signature required when reinstating)

**04-29-96**

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D**  
**HAYES, DANNY**  
STREET ADDRESS **1311-A PAUL RUSSELL RD., #201**  
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

**1355 Thomaswood Dr.**

**Tallahassee, FL 32312**

☐ Change ☐ Addition

2.1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

32 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

42 NAME

43 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

52 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 \*

*Danny Hayes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Danny Hayes**

**04-29-96**

Date

Daytime Phone #

CR2E034 (12/95)