1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90073 033 ***150.00

1. Corporation	MENT # P95000 NAME AYNES CONSULTING, INC.	077031			
Principal Place	e of Business	Mailing Address		T SANTINGS AND TOTAL MINI MODIL WOLL	i katis asist jedis innit naten itini sist inni
31177 U.S. HWY APT 1304 PALM HARBOR	Y 19 N,	1000 MCCARTY ST. DUNEDIN FL 34698			E IN THIS SPACE
US	· · · · · · · · · · · · · · · · · · ·		**	3. Date Incorporated or Qualifed	man a management
		1 4 2 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		10/02/1995 4. FEI Number	Applied For
	lace of Business LENNOX RD W.	2a. Mailing Address 26 704 LENNOX	RO. W.	NOT APPLICABLE	Applied For Not Applicable
21 704 Suite, Apt.	the state of the s	26 /04 LENVOX Suite, Apt. #, etc.	1. 00,	NOI APPLICABLE	\$8.75 Additional
22	#, 6 16.	27		5. Certifcate of Status Desired	Fee Required
City & State	e	City & State		6. Election Campaign Financing	□ \$5.00 May Be
23 PALM	HARBOR, FL.	28 PALM HAR	BOR, FL.	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the curre	
24 3468	3 25 USA	29 34683 30	USA.	Personal Property Tax.	☐ Yes 🛛 No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	egistered Agent
1141	NEO 10181		81 Name	HN HAYNES	
	NES, JOHN			Address (P.O. Box Number is Not Acceptate	ole)
	77 U.S. HWY 19 N., APT 1304		70	4 LENNOX RO. W.	
PALI	M HARBOR FL 34684		83		•
			84 City	111 - 11000-0	FL 85 Zip Code 34683
				MM HAKBOK	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes, of Florida, Such change was auth	the above-named orized by the corpo	corporation submits this statement for the poration's board of directors. I hereby accept	ourpose of changing its registered the appointment as registered
agent. I a	m familiar with, and accept the obligati	and of Cootion 607 0606 Florida	- Ct-tuta-	, , ,	.,,
		ions of, Section 607.0505, Fiorio	a Statutes.		a lacks
SIGNATURÉ	lop Hane				3/21/19.
SIGNATURE	Signature, typed or printed name a registered agent	and title if applicable. (NOTE: Re	egistered Agent signature n	equired when reinstating)	DATE
SIGNATURE	Signature, typed or printed name, registered agent OFFICERS ANI	e and title if applicable. (NOTE: Re	egistered Agent signature n	equired when reinstating) ADDITIONS/CHANGES TO OFF	DATE
SIGNATURE 12. TITLE	Signification of the state of t	and title if applicable. (NOTE: Re	13.	equired when reinstating) ADDITIONS/CHANGES TO OFF ADDITIONS/CHANGES TO OFF	DATE CICERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name or registered agent OFFICERS ANI D HAYNES, JOHN	e and title if applicable. (NOTE: Re	13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFF ADDITIONS/CHANGES TO OFF HAYNES, JOHN ADDITIONS RO. W.	DATE ICERS AND DIRECTORS IN 12 Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name in registered agent OFFICERS AND DHAYNES, JOHN 1000 MCCARTY ST.	e and title if applicable. (NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFF ADDITIONS/CHANGES TO OFF HAYNES, JOHN ADDITIONS RO. W.	DATE ICERS AND DIRECTORS IN 12 Change Addition
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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