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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000010845 (1)

DAYSTAR HAY CO., INC.

Principal Place of Business

Mailing Address

230 NE 25TH AVE OCALA FL 34470

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230 NE 25TH AVE OCALA FL 34470-7041

FILED Jan 29 1997 8:00am Secretary of State

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3. Date Incorporated or Qualified 01/31/1996	3a.	Date of Last Report
4. FEI Number	<del> </del>	Applied Fo
59-3363865	5	Not Applica
5. Certificate of Status Desired		\$8.75 Additiona Fee Required

2. Principal Place of Business 2a. Mailing Address 4, 26 able Suite, Apt. #, etc. Suite, Apt. #, etc. 5. City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Country Zφ Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 30 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Namo DEAN, HE 230 NE 25TH AVE Street Address (P.O. Box Number is Not Accept 230 NE 25 M 82 **OCALA FL 34470** 83

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 regishered agent, of both, in this flate of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Elorida Statutes,

INATURE

Storidae hyped or prefer depend agent and the displicable (NOTE broadened specified agent). OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE Change Addition DEAN, HE NAME 1.2 NAME 230 NE 25TH AVE STREET ADDRESS 13 STREET ADDRESS OCALA FL 34470 CITY-ST-ZIP 1.4 CITY - ST - 7IP DELETE TITLE JONATHAN S. DEAN 230 NEZSTHAVE 230 NEZSTHAVE OCACA, Fl. 34470 21 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - S1 - ZIP DELETE TITLE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 1171.6 ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE Channe Addition 6.1 THUE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS

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 of the receives 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 or an appear with an address.

SIGNATURE:

97 (352)368-2800