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

**PROFIT** CORPORATION -ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000033712

1. Corporation Name

HAUGHT & ASSOCIATES, INC.

## Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90030 005 \*\*\*150.00

Principal Place	e of Business	Mailing Address					
2735 WEST PAI	nkan road	P O BOX 146		İ			
APOPKA FL 32712 APOPKA FL 32704-0146				DO NOT WRITE IN THIS SPACE			
US				3. Date Incorporated or Qualifed			
				04/16/1996		ļ	
2. Principal P	lace of Business P	A 2a. Mailing Address		4. FEI Number	Apı	olied For	
<b>├</b> ─ '	West PONKANK	0/26 P.G. bn x 14	Ko	59-3379660	Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	<b>\$8.75</b> A Fee Re		
City & Stat	e	City & State	•	6. Election Campaign Financing	\$5.00	May Be	
23 APORKA FL 28 APOPKA, FU				Trust Fund Contribution Added to Fees			
Zip	Country		intry A	8. This corporation owes the current y	ear Intangible		
24 3 2	112 25 05	29 32704-0146 30	<u> </u>	Personal Property Tax.		No.	
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Regis	Rered Agent		
HAUGHT, MARTHA A			Name				
1516 SILVER FOX CIRLCE 2735 W. Ponkan Ra				ddress (P.O. Box Number is Not Acceptable)			
APOPKA FL 32712				<u> </u>		——	
					T		
}			84 City		FI 85 Zip C	Code	
11 Pursuant	to the provisions of Sections 607 0502	2 and 607.1508. Florida Statutes, the a	l l bove-named corpo	pration submits this statement for the purp	ose of changing its	registered	
office or r	registered agent, or both, in the State of	of Florida. Such change was authorized	by the corporation	n's board of directors. I hereby accept the	appointment as rec	gistered	
	Im ramiliar with, and accept the obligation	encal f Dincy Oat	ates.	V-21	99	1	
SIGNATURE	Signature, typed or printed name of registered agent	andule if applicable. (NOTE: Registered	Agent signature required		JATE		
12.	OFFICERS ANI	D.C		S/CHANGES TO OFFICE	RS AND DIRECTO	RS IN 12	
TITLE	P				□] Cilalige	Addition	
NAME	HAUGHT, MARTHA						
STREET ADDRESS	2735 W PANKAN ROAD					}	
CITY-ST-ZIP	APOPKA FL 32712	_ <i>I</i>	1		Change	Addition	
TITLE	VP	The ot	100+		□ criange		
NAME	HAUGHT, DAVID	I IVU S	100			ì	
STREET ADDRESS	2735 W PANKAN ROAD	The st name	\			ļ	
CITY-ST-ZIP	APOPKA FL 32712	$ \gamma \alpha m e$	(5)		Change	Addition	
TITLE	_	1 10000		·		_	
NAME:	_	· Oaxii	1 ANI	-		1	
STREET ADDRESS	•	FONE	-///				
TITLE		<del></del>	ſ		☐ Change	☐ Addition	
NAME		$\sim$	りば			{	
STREET ADDRESS		$\leftarrow$				ļ	
CITY-ST-ZIP		· PAN	V AX				
TITLE		_	$\sim$ $\sim$ $\sim$		☐ Change	☐ Addition	
NAME						ĺ	
STREET ADDRESS		5.3 \$	TREET ADDRESS				
CITY OF 71D	<u> </u>	54 C	ITY-ST-ZIP			{	

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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

[] Change

Addition