

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90504 022 ***150.00

DOCUMENT # P96000082480



1. Entity Name
HAYMAT, INC.

Principal Place of Business
**BADCOCK FURNITURE
CORNER PARKER AND MAIN ST
CROSS CITY FL 32628**

Mailing Address
**P O BOX 1238
CROSS CITY FL 32628**



2. Principal Place of Business
Cross city, FL

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3405553**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ANDERSON, HAYWARD M
BADCOCK FURNITURE STORE
CORNER PARKER AND MAIN ST
CROSS CITY FL 32628**

7. Name and Address of New Registered Agent

Name **Mattie Lou Anderson**
Street Address (P.O. Box Number is Not Acceptable)
**Corner Parker and MAIN st.
P.O. Box 1238
Cross city FL 32628**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Mattie Lou Anderson**
Signature, typed or printed name of registered agent and title if applicable

Mattie Lou Anderson
(NOTE: Registered Agent signature required when reinstating)

1/6/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DP** ☒ Delete
NAME **ANDERSON, HAYWARD M**
STREET ADDRESS **P O BOX 1238 N/A**
CITY-ST-ZIP **CROSS CITY FL**

TITLE **DT** ☐ Delete
NAME **ANDERSON, MATTIE L**
STREET ADDRESS **P O BOX 1238 N/A**
CITY-ST-ZIP **CROSS CITY FL**

TITLE **DVP** ☐ Delete
NAME **ANDERSON, HAYWARD C**
STREET ADDRESS **P O BOX 1238 N/A**
CITY-ST-ZIP **CROSS CITY FL**

TITLE **DS** ☐ Delete
NAME **ANDERSON, ARLO L**
STREET ADDRESS **P O BOX 2819 N/A**
CITY-ST-ZIP **HIGH SPRINGS FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **Anderson mattie l.**
STREET ADDRESS **P.O. Box 1238**
CITY-ST-ZIP **Cross city, FL 32628**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Mattie Lou Anderson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/03 352-498-3396
Date Daytime Phone #

CR2E034 (10/02)