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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P96000102589

S. HAINES CONSTRUCTION, INC.

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90066 039 ***150.00



	e of Business	Mailing Address				
7735 MULHALL	DR	7735 MULHALL DR				
JACKSONVILLE	FL 322 16	J acksonville FL 3 2216		DO NOT WRITE IN THIS	CDACE	
				DO NOT WRITE IN THIS	SPACE	
				3. Date Incorporated or Qualifed	•	ĺ
				01/02/1997		Ead Car
2. Principal Pl	lace of Business	2a. Mailing Address	oral Ave	4, FEI Number	·	lied For _
21 5 14	1 Floral HVE	<u> </u>	oral HVE	59-3422518		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Ac	
22		27				<u> </u>
City & State	sanville II.	City & State	rille FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 N Added to	- ,
Zip_	Country	Zip	Country	8. This corporation owes the current year in	tangible	
24 327	2_1 25	29 3221 3	0	Personal Property Tax.		∐No ¦
24 000	9. Name and Address of Current		<u>-</u>	10. Name and Address of New Registered	Agent	
	J. Hamo distribution of the control		81 Name (SAFER FLIAT		
SAFE	er, eliot j		20 80 4 4 4	JAFER, ELIUI O		
3974	-WOODCOCK DR, SUITE 100		82 Street Ad	Idress (P.O. Box Number is Not Acceptable)	Vayal -	ļ
-JACI	SONVILLE FL 32207-		83	2 3 Cara Core	VOILO	
			84 City \ 0	icksmyille. Fl	85 Zip C	207
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	, the above-named co	rporation submits this statement for the purpose o	f changing its r	egistered
office or r	egistered agent, or both, in the State of	of Florida. Such change was auth ides of .Section 607,0505, Florid	norized by the corpora la Statutes.	ation's board of directors. I hereby accept the appo	wntment as reg	Istered
	The familiar warr, and acceptive obligation		G Children	3-1-9	१५	
SIGNATURE	Signature, typed or printed ame of registered agent	t and title if applicable (NOTE: R	egistered Agent signature requ	rired when reinstating) DATE		
12.	OFFICERS ANI	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A		
12.	ÖFFICERS ANI	D DIRECTORS ☐ DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR Change	RS IN 12
	D			ADDITIONS/CHANGES TO OFFICERS A		
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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.

SIGNATURE: