

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

0028740

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

02-22-1999 90115 044 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000011410

1. Corporation Name
DONALD W. HAYES, INC.



Principal Place of Business 235 GREENWOOD AVENUE ORMOND BEACH FL 32174	Mailing Address P O BOX 10658 DAYTONA BEACH FL 32120 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 32 LAKEBLUFF DR. Suite, Apt. #, etc. 22 City & State 23 Ormond Beach FL Zip Country 24 32174 25 USA		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 02/03/1997	4. FEI Number 59-3421049 Applied For Not Applicable	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No
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9. Name and Address of Current Registered Agent

**HAYES, DONALD W
235 GREENWOOD AVENUE
ORMOND BEACH FL 32174**

10. Name and Address of New Registered Agent

81 Name HAYES, DONALD W
82 Street Address (P.O. Box Number is Not Acceptable) 32 LAKEBLUFF DRIVE
83
84 City Ormond Beach FL 85 Zip Code 32174

11. 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 registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	☐ DELETE	1.1 TITLE PRESIDENT	☒ Change ☐ Addition
NAME HAYES, DONALD W		1.2 NAME HAYES, DONALD W	
STREET ADDRESS 235 GREENWOOD AVENUE		1.3 STREET ADDRESS 32 LAKEBLUFF DRIVE	
CITY-ST-ZIP ORMOND BEACH FL 32174		1.4 CITY-ST-ZIP Ormond Beach, FL 32174	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-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 unchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-99

904-673-6968

CR2E034 (11/98)