

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000055899

1. Entity Name
U.S. HAY, INC.



Principal Place of Business Mailing Address
13600 S HWY 475 13600 S HWY 475
SUMMERFIELD, FL 34491 US SUMMERFIELD, FL 34491 US

DO NOT WRITE IN THIS SPACE



01232004 No Chg-P CR2E034 (10/03)

4. FEI Number **59-3453504** Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

HIATT, RONALD E
2500 S.W. 35TH STREET
OCALA, FL 34474

**DO NOT WRITE
IN THIS SPACE**

B. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000022943
02/02/04-80806-010 158.75

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **HIATT, RONALD E**
STREET ADDRESS **2500 S.W. 35TH STREET**
CITY-ST-ZIP **OCALA, FL 34474**

TITLE **D**
NAME **HIATT, JUDITH C**
STREET ADDRESS **2500 S.W. 35TH STREET**
CITY-ST-ZIP **OCALA, FL 34474**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Ronald E. Hiatt*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352-307-7501
Date Daytime Phone #