

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000056374**

1. Corporation Name

HAYDON ASSOCIATES, INC.

Principal Place of Business

**15201 ROOSEVELT BLVD., STE. 112
CLEARWATER FL 33760**

Mailing Address

**15201 ROOSEVELT BLVD., STE. 112
CLEARWATER FL 33760**

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

07-22-1999 90016 046 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/26/1997

4. FEI Number

59-3454014

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. ☐ Yes ☐ No

2. Principal Place of Business

21 14394-B N. DALE MARLEY HWY
Suite, Apt. #, etc.

22
City & State
TAMPA FL

23
Zip
33618

24
Country
HILLSBOROUGH

2a. Mailing Address

26 14394 B N. DALE MARLEY HWY
Suite, Apt. #, etc.

27
City & State
TAMPA FL

28
Zip
33618

29
Country
HILLSBOROUGH

9. Name and Address of Current Registered Agent

**HAYDON, ROGERS K JR.
15201 ROOSEVELT BLVD., STE. 112
CLEARWATER FL 33760**

10. Name and Address of New Registered Agent

81 Name

ROGERS HAYDON III

82 Street Address (P.O. Box Number Is Not Acceptable)

14394 B N. DALE MARLEY HWY

83

84 City

TAMPA

85 Zip Code

FL 33618

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)

7/19/99
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **HAYDON, ROGERS K III**
CITY-ST-ZIP **2111 S. WESTSHORE BLVD
TAMPA FL 33629**

TITLE ☐ DELETE
NAME **DSV**
STREET ADDRESS **HAYDON, C. REED**
CITY-ST-ZIP **222 ANSLEY RD., APT. H
TALLAHASSEE FL 32304**

TITLE ☐ DELETE
NAME **DV**
STREET ADDRESS **HAYDON, ROGERS K JR.**
CITY-ST-ZIP **503 ROSARY RD.
BELLEAIR FL 33756**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

7/19/99 8:3-265-7995
Date Daytime Phone #

CR2E034 (5/99)