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

SIGNATURE:

FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 P97000064605 (3) DOCUMENT # HAYES MODERN, INC. Principal Place of Business Mailing Address 363 TWELFTH AVENUE SOUTH 363 TWELFTH AVENUE SOUTH NAPLES FL 34102 NAPLES FL 34102 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/25/1997 2. Principal Place of Business 2a. Mailing Address Applied For 363 Twelsh Ave S. 363 124 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 34102 Country 8. This corporation owes or has paid the current year Intangible USA 25 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HAYES, JOHN M **363 TWELFTH AVENUE SOUTH** Street Advir. (P.U. Box Number is Not Acceptable) 62 **BRADLEY PLACE** 83 NAPLES FL 34102 84 Cit 85 Zin Gode 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above name of 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 to 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 or registered agent and title diapplicable gan' signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. John Hyar, Owner Little Hayer Moden Inc. 34102. TITLE 1.1 TITLE Change NAME 1.2 NAME CR2E034 STREET ADDRESS 1.3 STREET ADDRESS CITY+ST-ZIP 1.4 C(TY - ST - 7(P TITLE 21 TITLE Change Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4,1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CHTY-ST-ZIP CITY-ST-ZIP DELETE TITLE 5.1 TILLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition MAMÉ 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 if changed, or on an attachment with an address. John Hover An/ 28, 1985 941-435-3751