

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

FILED
Sep 24 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000094643 (8)

1. Corporation Name

DAVID T. HAFF, INC.

Principal Place of Business

475 CAMPBELL ROAD
FT PIERCE FL 34945

Mailing Address

475 CAMPBELL ROAD
FT PIERCE FL 34945

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/03/1997

2. Principal Place of Business

21 2512 Acorn St

Suite, Apt. #, etc.

22 City & State

23 Ft Pierce FL

Zip

24 34947

25 St Lucie

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29

Country

30

4. FFI Number

65-0790185

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

HAFF, DAVID T
475 CAMPBELL ROAD
FT PIERCE FL 34945

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

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 David T. Haff, Pres.

Signature (Type for printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

07/21/98

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	HAFF, DAVID T	
STREET ADDRESS	475 CAMPBELL ROAD	
CITY - ST - ZIP	FT PIERCE FL 34945	
TITLE	D	DELETE
NAME	HAFF, LINDA	
STREET ADDRESS	475 CAMPBELL ROAD	
CITY - ST - ZIP	FT PIERCE FL 34945	
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

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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-09/28/98-01100-025
***550.00

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 David T. Haff, Pres.

CR2E034 (10/97)