

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90189 045 ***150.00

DOCUMENT # P97000106262

1. Corporation Name

THE HAYES UNITED, INC.

Principal Place of Business

3202 ALBIN LANE
ORLANDO FL 32817

Mailing Address

3202 ALBIN LANE
ORLANDO FL 32817

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/10/1997

4. FEI Number

59-3486144

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

2. Principal Place of Business

21 11250 OLO ST. AUGUSTINERD.

Suite, Apt. #, etc.

22 UNIT 20

City & State

23 JACKSONVILLE, FL.

Zip

24 32257

Country

25 DUVAL USA

2a. Mailing Address

26 3900 OLOFIELD

Suite, Apt. #, etc.

27 CROSSING DR. #904

City & State

28 JACKSONVILLE, FL.

Zip

29 32223

Country

30 USA

9. Name and Address of Current Registered Agent

HAYES, JEFFREY R
3202 ALBIN LANE
ORLANDO FL 32817

10. Name and Address of New Registered Agent

81 Name

HAYES, JEFFREY R.

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

3900 OLOFIELD CROSSING DR. #904

83

84 City

JACKSONVILLE

FL

85 Zip Code

32223

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

JEFFREY R. HAYES

(NOTE: Registered Agent signature required when reinstating)

1-21-99

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME HAYES, JEFFREY R
STREET ADDRESS 3202 ALBIN LANE
CITY-ST-ZIP ORLANDO FL 32817

TITLE DS ☐ DELETE

NAME HAYES, TRACI L
STREET ADDRESS 3202 ALBIN LANE
CITY-ST-ZIP ORLANDO FL 32817

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 PRESIDENT ☐ Change ☐ Addition

1.2 NAME HAYES, JEFFREY R.
1.3 STREET ADDRESS 3900 OLOFIELD CROSSING DR. #904
1.4 CITY-ST-ZIP JACKSONVILLE, FL. 32223

2.1 TITLE SECRETARY ☐ Change ☐ Addition

2.2 NAME HAYES, TRACI L.
2.3 STREET ADDRESS 3900 OLOFIELD CROSSING DR. #904
2.4 CITY-ST-ZIP JACKSONVILLE, FL. 32223

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-99

(904) 886-7474

CR2E034 (11/98)

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