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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000021396

1. Corporation Name

HAYWOOD CONSULTING SERVICES, INC.

Principal Place of Business

9009 GARDEN POINTE
FORT MYERS FL 33908

Mailing Address

C/O ANNIS MITCHELL COCKEY EDWARDS
ATTN: PETE DORAGH 9400 GLADIOLUS DR.#270
FORT MYERS FL 33908

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/05/1998

4. FEI Number

65-0889877

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. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.

2a. Mailing Address

26. Pete Doragh; c/o Annis Mitchell, et al.

27. Suite, Apt. #, etc. 12800 University Dr., Ste. 600

28. City & State Fort Myers, FL

29. Zip Country 33907 USA

9. Name and Address of Current Registered Agent

DORAGH, PETE
9400 GLADIOLUS DRIVE
SUITE 270
FORT MYERS FL 33908

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
12800 UNIVERSITY DR.
83. SUITE 600
84. City Fort MYERS FL 85. Zip Code 33907

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/8/99

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

1.2 NAME William H. Haywood

1.3 STREET ADDRESS 9309 Garden Pointe

1.4 CITY-ST-ZIP Fort Myers, FL 33908

2.1 TITLE ☐ DELETE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ DELETE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ DELETE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ DELETE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ DELETE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

7.1 TITLE ☐ DELETE

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY-ST-ZIP

8.1 TITLE ☐ DELETE

8.2 NAME

8.3 STREET ADDRESS

8.4 CITY-ST-ZIP

9.1 TITLE ☐ DELETE

9.2 NAME

9.3 STREET ADDRESS

9.4 CITY-ST-ZIP

10.1 TITLE ☐ DELETE

10.2 NAME

10.3 STREET ADDRESS

10.4 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 ☐ Change ☐ Addition2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP ☐ Change ☐ Addition7.1 TITLE ☐ Change ☐ Addition

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY-ST-ZIP ☐ Change ☐ Addition8.1 TITLE ☐ Change ☐ Addition

8.2 NAME

8.3 STREET ADDRESS

8.4 CITY-ST-ZIP ☐ Change ☐ Addition9.1 TITLE ☐ Change ☐ Addition

9.2 NAME

9.3 STREET ADDRESS

9.4 CITY-ST-ZIP ☐ Change ☐ Addition10.1 TITLE ☐ Change ☐ Addition

10.2 NAME

10.3 STREET ADDRESS

10.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 #

CR2E034 (1/98)