FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S54096** **(0)**

1. Corporation Name
HAYNES SERVICES, INC.

Principal Place of Business	Mailing Address
4820 IVY COURT, #5-A TAMPA FL 33617	4820 IVY COURT, #5-A TAMPA FL 33617

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/20/1991**
3a. Date of Last Report: **04/28/1994**

2. Principal Place of Business
21 811 E Greenwood Ave
Suite, Apt. #, etc. 22
City & State 23 Tampa FL
Zip 24 33604 Country 25 USA

2a. Mailing Address
26 811 E Greenwood Ave
Suite, Apt. #, etc. 27
City & State 28 Tampa, FL
Zip 29 33604 Country 30 USA

4. FEI Number: **59-3067448** ☐ 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 has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JEFFREY HAYNES
4820 IVY COURT, 5-A
SUITE 9
TAMPA FL 33617

10. Name and Address of New Registered Agent

81 Name Jeffrey Haynes
82 Street Address (P.O. Box Number is Not Acceptable)
83 7609 Sanibel Cir South
84 City Tampa FL 85 Zip Code 33617

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mail/filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPV	1 1 TITLE	DPV	☐ Change ☐ Addition
NAME	HAYNES, JEFFERY	1 2 NAME	Haynes Jeffrey	
STREET ADDRESS	4820 IVY COURT, #5-A	1 3 STREET ADDRESS	7609 Sanibel Cir South	
CITY ST ZIP	TAMPA FL	1 4 CITY ST ZIP	Tampa FL 33617	
TITLE	ST	2 1 TITLE		☐ Change ☐ Addition
NAME	HAYNES, JEFFERY	2 2 NAME		
STREET ADDRESS	4820 IVY COURT, #5-A	2 3 STREET ADDRESS		
CITY ST ZIP	TAMPA FL	2 4 CITY ST ZIP		
TITLE		3 1 TITLE		☐ Change ☐ Addition
NAME		3 2 NAME		
STREET ADDRESS		3 3 STREET ADDRESS		
CITY ST ZIP		3 4 CITY ST ZIP		
TITLE		4 1 TITLE		☐ Change ☐ Addition
NAME		4 2 NAME		
STREET ADDRESS		4 3 STREET ADDRESS		
CITY ST ZIP		4 4 CITY ST ZIP		
TITLE		5 1 TITLE		☐ Change ☐ Addition
NAME		5 2 NAME		
STREET ADDRESS		5 3 STREET ADDRESS		
CITY ST ZIP		5 4 CITY ST ZIP		
TITLE		6 1 TITLE		☐ Change ☐ Addition
NAME		6 2 NAME		
STREET ADDRESS		6 3 STREET ADDRESS		
CITY ST ZIP		6 4 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Jeffrey Haynes 4/25/95 (813) 985-0204
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0297897 CP