

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 21, 1999 8:00 am
Secretary of State

07-21-1999 90002 045 ***550.00

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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 # S54096

1. Corporation Name
HAYNES SERVICES, INC.



Principal Place of Business 8111 E GREENWOOD AVE TAMPA FL 33604 US	Mailing Address 8111 E. GREENWOOD AVE TAMPA FL 33604 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/20/1991

4. FEI Number 59-3067448	Applied For <input type="checkbox"/> Not Applicable
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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. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAYNES, JEFFERY
7609 SANIBEL CIR SOUTH
7609 SANIBEL CIR SOUTH
TAMPA FL 33637

81 Name

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

83 **6322 Jacqueline Arbor Drive**

84 City **Temple Terrace**

85 Zip Code **FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPV	<input type="checkbox"/> DELETE
NAME	HAYNES, JEFFERY	
STREET ADDRESS	7609 SANIBEL CIR SOUTH	
CITY-ST-ZIP	TAMPA FL	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	6322 Jacqueline Arbor Drive
1.4 CITY-ST-ZIP	Temple Terrace, FL 33617

TITLE	SECM	<input type="checkbox"/> DELETE
NAME	BARDANA, RASHEED	
STREET ADDRESS	11402 GIBRALTER PLACE	
CITY-ST-ZIP	TAMPA FL 33617	

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Rasheed, Barbara
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	TVP	<input type="checkbox"/> DELETE
NAME	HOWARD RASHEED	
STREET ADDRESS	11402 GIBRALTER PLACE	
CITY-ST-ZIP	TAMPA FL 33617	

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Rasheed, Howard
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	M	<input type="checkbox"/> DELETE
NAME	SAPP, DENIESE	
STREET ADDRESS	7609 SANIBEL CIRCLE	
CITY-ST-ZIP	TAMPA FL	

4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Sapp, Denise
4.3 STREET ADDRESS	8501 N. 50th St.
4.4 CITY-ST-ZIP	Tampa, FL 33617

TITLE	M	<input type="checkbox"/> DELETE
NAME	RUSHEED, CANDANE	
STREET ADDRESS	3387 MISSION BAY BLVD STE 229	
CITY-ST-ZIP	ORLANDO FL	

5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Rasheed, Candace
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:  **JEFFERY HAYNES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/14/99 985-0264

CR2E034 (5/99)