

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

**FILED**

**Apr 10 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # S61373 (4)**

**1. Corporation Name  
HANES AND ASSOCIATES, INC.**



**Principal Place of Business Mailing Address**  
507 NW 29TH RD STE 321 GAINESVILLE FL 32607 US  
P.O. BOX 140850 GAINESVILLE FL 32614-0850 US

**3. Date Incorporated or Qualified 06/12/1991** **3a. Date of Last Report 04/05/1996**

**2. Principal Place of Business 21 3528 NW 29th Place**  
Suite, Apt #, etc

**2a. Mailing Address 26**  
Suite, Apt #, etc

**4. FEI Number 59-3075183** **Applied For Not Applicable**

**22 City & State 23 Gainesville FL**

**27 City & State 28**  
City & State

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**24 Zip 32605 25 Country USA**

**29 Zip 30 Country**

**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**

**10. Name and Address of New Registered Agent**

**HANES, DANIEL M.  
4319 S.W. 86TH WAY  
GAINESVILLE FL 32608**

**81 Name Hanes, Daniel M**  
**82 Street Address (P.O. Box Number is Not Acceptable) 507 NW 29th Rd 3528 NW 29th Pl.**  
**83 Apt 321**  
**84 City Gainesville FL 85 Zip Code 32605**

**11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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** *D.M. Hanes* **D. M. Hanes** **3/23/97**  
Signature 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	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HANES, DANIEL M.</b>	12 NAME	
STREET ADDRESS	<b>4319 SW 86 WAY</b>	13 STREET ADDRESS	
CITY - ST - ZIP	<b>GAINESVILLE FL</b>	14 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

**14. I do 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:** *D.M. Hanes* **D.M. Hanes** **1/23/97** **352 3366678**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (9/96)