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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V18790

(8)

HAYCO, INC.

FILED Apr 24 1997 8:00am Secretary of State

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Principal Place	of Business	Mailing Address									
1900 HOWELL (BRANCH RD.	P.O. BOX 941774 MAITLAND FL 32794-1774	1								
WINTER PARK I	FL 32 792	ANNI CALLED I E OCCOVITA	MINITERING TE SERVETTIV			3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1996					
2. Principal Pi	ace of Business	2a. Mailing Address				4. FEI Number		71.10	Apı	olied For	
21	000 01 200000	26				59-3111022				Applicable	
Sulte, Apt.	W. etc.		Suite, Apt. #, etc.			SR 75 Additional					
22		27	F-7 '			5. Certificate of Stalus Desired	ш			quired	
City & State)	City & State				6. Election Campaign Financing	\$5.00 May Be				
23		28	28			Trust Fund Contribution	Added to Fees				
Zip	Country			ntry		8. This corporation has liability for int			itangible tax under s. 199.032,		
24	25	29	30				Yes 🗀				
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Reg	Istered A	gent			
ICAR	DI, JEFFREY A.			81	Name					1	
	LEWIS DR			82	Stroot Adr	dress (P.O. Box Number is Not Acceptab	le\	-			
	TER PARK FL 32789			02	Street Auc	aress (F.O. Box Normber is Not Acceptab	10)				
441141	IEN FANN FE 32700			83							
1 1								11			
				84	City	•	FL	85	Zip (ode	
11. Pursuant office or reagent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Statim familiar with, and accept the obli-	02 and 607.1508, Florida Statue of Florida. Such change was gations of, Section 607.0505, F	ites, the al authorized lorida Stat	bove d by lutes	named cor the corpora i.	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of t the appo	chang intme	ing its nt as	registered registered	
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NC	D1t: Hog store	d Age	rıl signature requ	uired when reinstating)	DATE				
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND				
TATLE	DP	☐ DELFTE	1.1 TI	1.1 TITLE				Ch	ange	Addition	
NAME	HAYES, RICHARD L		1,2 N	AME							
STREET ADDRESS	400 SENECA TRAIL		1.3 S	1.3 STREET ADORESS							
CITY-ST-ZIP	MAITLAND FL 32751		1.4 0	1.4 CITY - \$T - ZIP							
TITLE	☐ DELETE		2.1 Ti	2.1 THLE				Ch	ange	Addition	
NAME			2.2 N	AMÉ							
STREET ADDRESS			2.3 \$1	2.3 STREET ADDRESS		∵					
CITY-ST-ZIP			2. 4 CITY-ST-ZI		31 - Z IP						
TITLE		DELETE	3 1 1	TLF				Ch	ange	Addition	
NAME			3 2 N	AME							
STREET ADDRESS			3.3 \$	TREET	ADDRESS						
CITY-ST-ZIP			3.4. 0	HTY-S	ST - ZiP						
TITLE		DELETE		4.1 TITLE				☐ Ch	ange	Addition	
NAME			4.21	IAME							
STREET ADDRESS			4.3 \$	TREE T	ADDRESS						
CITY-ST-ZIP			4.4 C	ITY - S	ST-ZIP						
TITLE		DELETE						Ch	ange	Addition	
NAME			5.2 N	AME							
STREET ADDRESS			1		ADDRESS						
CITY-ST-ZIP					ST - Z IP						
TITLE		DELETE	61 T					☐ Ch	ange	Addition	
NAME			62 N								
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP		ind with this films does not out			ST-ZIP	od io Section 119 07/3/(i) Florida Statule	o I further	portifi	that	tho	

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 penor of 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 comporator or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if Granydri, or on an attachment with an address.

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