FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V28167** **(7)**

1. Corporation Name

HANEY & DAUGHTERS, INC.

Principal Place of Business	Mailing Address
5550 15TH ST. E P.O. BOX 12177 SARASOTA. FL 34278 BRADENTON FL 34203	5550 15TH ST. E P.O. BOX 12177 SARASOTA. FL 34278 BRADENTON FL 34203

3. Date Incorporated or Qualified: **04/09/1992**
3a. Date of Last Report: **03/10/1995**

2. Principal Place of Business
21 |
Suite, Apt. #, etc.
22 |
City & State
23 |
Zip 24 | Country 25

2a. Mailing Address
26 P.O. Box 7551
Suite, Apt. #, etc.
27
City & State
28 Sarasota, FL
Zip 29 34278 | Country 30 Sarasota

4. FEI Number: **65-0339444** ☐ 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

WILLIAMS, DONNA R.
5550 15TH ST E.
BRADENTON FL 34203

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 or authorized officer) (NOTE: Registered Agent signature required when changing agent) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HANEY, RANDY S.		1.2 NAME	
STREET ADDRESS	RT 1 BOX 107		1.3 STREET ADDRESS	
CITY-ST-ZIP	GAYLESVILLE AL		1.4 CITY-ST-ZIP	
TITLE	VPAS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, DONNA R.		2.2 NAME	
STREET ADDRESS	2240 KARA CHASE ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP	
TITLE	VPT	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	THOMAS, DENISE L.		3.2 NAME	
STREET ADDRESS	2246 KARA CHASE ST		3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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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)(k), 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: Denise L Thomas 4/2/96 (941) 378-9659 4-9-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #