

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

FILED

May 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # V28167 (7)

1. Corporation Name  
HANEY & DAUGHTERS, INC.

Principal Place of Business

3330 15TH ST. E  
P.O. BOX 12177 SARASOTA, FL 34278  
BRADENTON FL 34208

Mailing Address

P.O. BOX 7551  
SARASOTA FL 34278-7551



2. Principal Place of Business

21 2357 Appalcoosa Circle

Suite, Apt. #, etc.

22 City & State

23 Sarasota, FL

24 Zip 34240

Country

25 Sarasota

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

04/09/1992

3a. Date of Last Report

04/09/1996

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.  
3330 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)  
2346 Andarsian Ln.

83

84 City

Sarasota

FL

85 Zip Code

34240

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

TITLE	PS	<input type="checkbox"/> DELETE
NAME	HANEY, RANDY S.	
STREET ADDRESS	RT 1 BOX 107	
CITY - ST - ZIP	GAYLESVILLE AL	
TITLE	VPAS	<input type="checkbox"/> DELETE
NAME	WILLIAMS, DONNA R.	
STREET ADDRESS	2240 KARA CHASE ST	
CITY - ST - ZIP	SARASOTA FL	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	THOMAS, DENISE L.	
STREET ADDRESS	2248 KARA CHASE ST	
CITY - ST - ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Randy Haney, Randy S.	
1.3 STREET ADDRESS	2232 Kara Chase St.	
1.4 CITY - ST - ZIP	Sarasota, FL 34240	
2.1 TITLE	VPAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Williams, Donna R.	
2.3 STREET ADDRESS	2346 Andarsian Ln.	
2.4 CITY - ST - ZIP	SARASOTA, FL 34240	
3.1 TITLE	VPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Thomas, Denise L.	
3.3 STREET ADDRESS	2357 Appalcoosa Cir.	
3.4 CITY - ST - ZIP	Sarasota, FL 34240	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 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 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:

Denise L. Thomas 4/25/97/94/3789659

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

0436080

CR2E034 (9/96)