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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS FILED Apr 06, 1999 8:00 am Secretary of State 04-06-1999 90011 045 \*\*\*158.75

## DOCUMENT # V28167 1. Corporation Name

HANEY & DAUGHTERS, INC.

|  |  |                       |                      |                    |        |             |   |   |   |                   | <b>   </b>       |
|--|--|-----------------------|----------------------|--------------------|--------|-------------|---|---|---|-------------------|------------------|
| Principal Place of Business Mailing Address        |  |                       |                      |                    |        |             |   | 1 (884) 51/814 (188) 18/4) (1810 )                                | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | - 1611 21611 6161 | Billi aidii idei |
| 2357 APPALOOSA CIRCLE P.O. BOX 7551                |  |                       |                      |                    |        |             | ŀ   |   |   |                   |                  |
| SARASOTA FL 34240 SARASOTA FL 34278                |  |                       |                      |                    |        |             |   | OO NOT WRITE IN THIS SPACE  |   |                   |                  |
| US .   |  |                       |                      |                    |        |             |   | DO NOT WRITE IN THIS SPACE  |   |                   |                  |
|  |  |                       |                      |                    |        |             |   | <ol> <li>Date Incorporated or Qualifect<br/>04/09/1992</li> </ol> |   |                   |                  |
| 2. Principal Place of Business 2a. Mailing Address |  |                       |                      |                    |        |             |   | 4. FEI Number   |   | A                 | pplied For       |
| 21   |  |                       | 26                   |                    |        |             |   | 65-0339444  | Not Applicable                          |                   |                  |
| Suite, Apt. #, etc. Suite, Apt. #, etc.            |  |                       |                      |                    |        |             |   |   | -                                       | \$8.75            | Additional       |
| 27   |  |                       |                      |                    |        |             |   | 5. Certifcate of Status Desired                                   |   | Fee R             | equired          |
| City & State                                       |  |                       | City & State         |                    |        |             |   | 6. Election Campaign Financing                                    |   | \$5.00            | May Be           |
| 23 28  |  |                       |                      |                    |        |             |   | Trust Fund Contribution   | <u>-</u> _                              | Added             | to Fees          |
| Zip  | Country  |                       | Zíp                  | Cou                | ntry   |             |   | 8. This corporation owes the cur                                  | rent year Int                           |                   |                  |
| 24   | 25   | 29                    |                      | 30                 |        |             |   | Personal Property Tax.  |   | ☐ Yes             | □No              |
| Name and Address of Current Registered Agent       |  |                       |                      |                    |        |             |   | 10. Name and Address of New                                       | Registered                              | Agent             |                  |
| WILLIAMS BONDS B                                   |  |                       |                      |                    | 81     | Name        |   |   |   |                   | J                |
| WILLIAMS, DONNA R.                                 |  |                       |                      |                    | 82     | Street      | t Address (P.O. Box Number is Not Acceptable) |   |   |                   |                  |
| 2346 ARDANSIAN LANE                                |  |                       |                      |                    | Ш      |             |   |   |   |                   |                  |
| SAH  | ASOTA FL 34240   |                       |                      |                    | 83     |             |   |   |   |                   | ļ                |
|  |  |                       |                      |                    | 84     | City        |   |   |   | 85 Zip            | Code             |
|  |  |                       |                      |                    |        | •           |   |   | FL                                      | .     `           |                  |
| office or i<br>agent. I a                          | to the provisions of Sections 607.050, registered agent, or both, in the State am familiar with, and accept the obligations. | of Florida            | a. Such change was a | uthorized          | l by ' | the corp    | oration                                       | s board of directors. I hereby acce                               | pt the appoi                            | ntment as r       | egistered        |
| SIGNATURE  | Signature, typed or printed name of registered agen  | at and title if       | applicable. (NOTE:   | Registered         | Agen   | signature ( | required w                                    | hen reinstating)  | DATE                                    |                   |                  |
| 12.  | OFFICERS AN  | D DIREC               |                      | 13.                |        |             |   | ADDITIONS/CHANGES TO OF   | FICERS A                                |                   |                  |
| TITLE  | PS   | -                     | DELETE               | 1.1 11             | ΙLΕ    |             |   |   |   | Change            | ☐ Addition }     |
| NAME   | HANEY, RANDY S.  |                       |                      | 1.2 NA             | ME     |             |   |   |   |                   |                  |
| STREET ADDRESS                                     | 2232 KARA CHASE ST.  |                       |                      | 1.3 ST             | REET   | ADDRESS     |   |   |   |                   | ļ                |
| CITY-ST-ZIP  | SARASOTA FL 140  |                       |                      | TY-ST              | -ZIP   |             |   |   |   |                   |                  |
| TITLE  | VPAS   | ☐ DELETE 2.1 Ti       |                      |                    | ΊΕ     |             | Pis   | ۶.  |   | Change            | Addition         |
| NAME   | WILLIAMS, DONNA R.   | ILLIAMS, DONNA R. 22N |                      |                    | ME     |             |   |   |   |                   |                  |
| STREET ADDRESS                                     | 2346 ARDARSIAN LANE  |                       |                      | 2.3 ST             | REET   | ADDRESS     | 46  | 08 Appaloosa  | cir,                                    |                   |                  |
| CITY-ST-ZIP  | SARASOTA FL  |                       |                      | 2.4 C              | TY-S   | T-ZIP       | 50  | crasota FL  | 3424                                    | 0                 |                  |
| TITLE  | VPT .  |                       | □.DELETE .           | . 3,1 ТП           | LE.    |             | VP  | . AS.   |   | Change            | ☐ Addition       |
| NAME   | THOMAS, DENISE L.  |                       |                      | 3.2 NA             | ME     |             |   | •   |   |                   | 1                |
| STREET ADDRESS                                     | 4057 ADDAL GOOL GIDGLE   |                       |                      | 3.3 ST             | REET   | ADDRESS     |   |   |   |                   |                  |
| CITY-ST-ZIP  | SARASOTA FL  |                       |                      | 3.4. C             | TY-S   | r-ZIP       |   |   |   |                   |                  |
| TITLE  |  |                       | ☐ DELETE             | 4.1 TIT            |        |             | VP  | · T   |   | Change            | Addition         |
| NAME   |  | ,                     | •                    | 4. 2 NAME          |        |             | Th  | onas, John t<br>57.appaloosa                                      | <del>_</del> .                          |                   |                  |
| STREET ADDRESS                                     | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1   |                       | 4.3 ST               | STREET ADDRESS 3.3 |        | 33          | 570 hha lansa                                 | ^}-   |   |                   |                  |
| CITY-ST-ZIP  | 1000 ca 6000 1240 ca   |                       |                      | 4.4 CITY-5         |        |             | 50  | rasota FL 3   | ٥٧٤٦                                    |                   | ,                |
| TITLE  |  |                       | ☐ DELETÉ             | 5.1 TIT            |        |             | 220   |   |   | ☐ Change          | ☐ Addition       |
| NAME   |  |                       |                      | 5.2 NA             |        |             |   |   |   |                   | ļ                |
| STREET ADDRESS                                     |  |                       |                      |                    |        | ADDRESS     | ļ   |   |   |                   | Ì                |
|  |  |                       |                      | 5.4 CI             |        |             | 1   |   |   |                   | Į                |
| TITLE  |  |                       | DELETE               | 6.1 TI             |        |             | -   |   |   | Change            | ☐ Addition       |
| NAME   |  |                       | <del></del>          | 6.2 NA             | ME     |             |   |   |   |                   |                  |
| IVVIL  |  |                       |                      |                    |        | ADDRESS     | ļ   |   |   |                   |                  |

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 12 of Chapter 607, and attachment with an express, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE:**