

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F97000005499

**Entity Name:** HAINES, GIPSON & ASSOCIATES, INC.

**Current Principal Place of Business:**

1550 NORTH BROWN ROAD  
SUITE 145  
LAWRENCEVILLE, GA 30043

**Current Mailing Address:**

1550 NORTH BROWN ROAD  
SUITE 145  
LAWRENCEVILLE, GA 30043 US

**FEI Number:** 58-1109557

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PTCD  
Name GIPSON, RANDALL W  
Address 1550 NORTH BROWN ROAD, #145  
City-State-Zip: LAWRENCEVILLE GA 30043

Title VD  
Name CAMPBELL, DANIEL D  
Address 1550 NORTH BROWN ROAD, #145  
City-State-Zip: LAWRENCEVILLE GA 30043

Title VD  
Name LEWIS, REX CLAY  
Address 1550 NORTH BROWN ROAD, #145  
City-State-Zip: LAWRENCEVILLE GA 30043

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** RANDALL W GIPSON

**PRESIDENT**

**02/03/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date