

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000089203 (1)**

1. Corporation Name
HAIRE'S GLOBAL SERVICES, INC.



Principal Place of Business
**221 RIDGEWOOD AVE
CLEWISTON FL 33440**

Mailing Address
**PO BOX 2213
CLEWISTON FL 33440**

3. Date Incorporated or Qualified: **12/08/1994** 3a. Date of Last Report: **05/01/1995**

4. FEI Number: **65-0536563** 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

2. Principal Place of Business
21 State, Apt. #, etc.
22 City & State
23 Zip 25 County

2a. Mailing Address
26 State, Apt. #, etc.
27 City & State
28 Zip 29 County

9. Name and Address of Current Registered Agent
**HAIRE, PHILIP
221 RIDGEWOOD AVE
CLEWISTON FL 33440**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0407 and 607.1506, 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 607.0407, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

DELETE

D HAIRE, PHILIP
221 RIDGEWOOD AVE
CLEWISTON FL 33440

DELETE

D HAIRE, E. MARIE
221 RIDGEWOOD AVE
CLEWISTON FL 33440

DELETE

DELETE

DELETE

DELETE

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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 207, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Philip T. Haire*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PHILIP T. HAIRE

2-23-96 805-983-8835

CR2E034 (12/95)