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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # 845149 (4)W.G. YATES & SONS CONSTRUCTION COMPANY Principal Place of Business Mailing Address P.O BOX 456 P.O BOX 456 1 GULLY AVENUE 1 GULLY AVENUE PHILADELPHIA MS 39350 PHILADELPHIA MS 39350 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/04/1980 2. Principal Place of Business 2a. Mailing Address 4. FE! Number Applied For 64-0429766 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaigh Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent RAY, MRS. JAMES F. 81 ROUTE 1, BOX 200 82 Street Address (P.O. Box Number is Not Acceptable) BAKER FL 32531 83 84 City 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 lamiliar 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 **CFFICERS AND DIRECTORS** 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition YATES, WILLIAM G., JR. NAME 1.2 NAME 304 DOGWOOD STREET ADDRESS 1.3 STREET ADDRESS PHILADELPHIA MS CITY - ST - ZIP 1.4 CiTY - ST- ZIP DELETE TITLE Change Addition 2.1 TITLE GOSS, ALINDA J. NAME 22 NAME RT 1, BOX 415 C STREET ADDRESS 2.3 STREET ADDRESS PHILADELPHIA MS CITY-ST-7IP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE ☐ Change Addition YATES, OPAL PERRY NAME 3.2 NAME **450 PECAN AVENUE** STREET ADDRESS 3.3 STREET ADDRESS PHILADELPHIA MS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Change Addition 4.1 TITLE YATES, ROBERT ANDREW NAME 4. 2 NAME 450 PECAN AVE STREET ADDRESS 4.3 STREET ADDRESS PHILADELPHIA MS CITY - ST - ZIP 4.4 City - St - ZIP DELETE TITLE 5.1 TITLE Change ☐ Addition BLANKS, MARVIN NAME 5.2 NAME 311 AZALEA DR STREET ADORESS 5.3 STREET ADDRESS PHILADELPHIA MS CITY-ST-ZIP 5.4 CITY - ST - ZIP ☐ DELETE Addition TITLE 6.1 TITLE JOHNSON, E M III NAME 6.2 NAME 302 AZALEA DRIVE STREET ADDRESS **6.3 STREET ADDRESS** PHILADELPHIA MS 6.4 CITY - ST - ZIP

14. I hereby cert.fy 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:

FREQUENTIAL GULLA To 1-22-98 1-601-656-5411

FILED

Feb 03 1998 8:00am

Secretary of State