

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000046704

Entity Name: YOST, INC.**Current Principal Place of Business:**1013 ST. PETERSBURG DR. W
OLDSMAR, FL 34677**Current Mailing Address:**PO BOX 925
CRYSTAL RIVER, FL 34423**FEI Number:** 59-3666374**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GARRICK, DAVID M
420 MILLER CREEK
CRYSTAL RIVER, FL 34428 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	PRES
Name	GARRICK, DAVID M
Address	P.O. BOX 420
City-State-Zip:	CRYSTAL RIVER FL 34423

Title	OD
Name	GARRICK, SUSAN E
Address	P O BOX 420
City-State-Zip:	CRYSTAL RIVER FL 34423

Title	V
Name	ZASTROW, EMILY
Address	11 COUNTRY CLUB DR.
City-State-Zip:	CRYSTAL RIVER FL 34429

Title	V
Name	GARRICK, ELIZABETH
Address	122 CYPRESS COURT W
City-State-Zip:	OLDSMAR FL 34677

Title	V
Name	GARRICK, KYLE
Address	12224 DERBY RACE LN
City-State-Zip:	TAMPA FL 33626

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: DAVID GARRICK**PRESIDENT****01/07/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date