

2020 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 845149

Entity Name: W.G. YATES & SONS CONSTRUCTION COMPANY**Current Principal Place of Business:**104 GULLY AVENUE
PHILADELPHIA, MS 39350**Current Mailing Address:**P.O BOX 456
PHILADELPHIA, MS 39350 US**FEI Number:** 64-0429766**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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	DIRECTOR
Name	YATES, WILLIAM G. JR.
Address	104 GULLY AVENUE
City-State-Zip:	PHILADELPHIA MS 39350

Title	PRESIDENT, DIRECTOR
Name	YATES, WILLIAM G. III
Address	115 MAIN STREET
City-State-Zip:	BILOXI MS 39530

Title	TREASURER
Name	HAILEY, CHET
Address	104 GULLY AVENUE
City-State-Zip:	PHILADELPHIA PA 39350

Title	SECRETARY, DIRECTOR
Name	JENKINS, MELANIE
Address	104 GULLY AVENUE
City-State-Zip:	PHILADELPHIA MS 39350

Title	DEPARTMENTAL DIRECTOR
Name	CROSBY, BENJAMIN
Address	104 GULLY AVENUE
City-State-Zip:	PHILADELPHIA MS 39350

Title	DEPARTMENTAL DIRECTOR
Name	STERLING, HAMP
Address	781 LARSON STREET,
City-State-Zip:	JACKSON MS 39202

Title	DEPARTMENTAL DIRECTOR
Name	CLAYTON, JASON
Address	115 MAIN STREET
City-State-Zip:	BILOXI MS 39530

Title	DEPARTMENTAL DIRECTOR
Name	STATHAM, MASON
Address	104 GULLY AVENUE
City-State-Zip:	PHILADELPHIA MS 39350

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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: MELANIE JENKINS**SECRETARY****04/24/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DEPARTMENTAL DIRECTOR
Name FARRAR, MIKE
Address 781 LARSON STREET
City-State-Zip: JACKSON MS 39202

Title DEPARTMENTAL DIRECTOR
Name RIDGWAY, ROBERT
Address 115 MAIN STREET
City-State-Zip: BILOXI MS 39530