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

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 21 AM 8:16

DOCUMENT # **185455** **(3)**

1. Corporation Name
**CHARLES R. YORK & ASSOCIATES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| P O BOX 2025<br>PENSACOLA FL 32513 | P O BOX 2025<br>PENSACOLA FL 32513 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/26/1955
3a. Date of Last Report: 03/30/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-0747207 ☐ 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

**9. Name and Address of Current Registered Agent**

YORK, CHARLES R
102 BAYBRIDGE, FL
GULF BREEZE FL 32561

**10. Name and Address of New Registered Agent**

81 Name: CATHERINE P. YORK
82 Street Address (P.O. Box Number is Not Acceptable): 1865 W. KINGSFIELD RD
83
84 City: CANTONMENT, FL — FL — 85 Zip Code: 32533

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Catherine P. York, Pres. — DATE: 6/15/95
Signature (type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PD | 11 TITLE | CHARLES R. YORK (Deceased) | ☐ Change ☐ Addition |
| NAME | YORK, CHARLES R. | 12 NAME | | |
| STREET ADDRESS | 102 BAYBRIDGE | 13 STREET ADDRESS | | |
| CITY ST ZIP | GULF BREEZE FL | 14 CITY ST ZIP | | |
| TITLE | TD | 21 TITLE | PRESIDENT/DIRECTOR | ☑ Change ☐ Addition |
| NAME | YORK, CATHERINE P. | 22 NAME | CATHERINE P. YORK | |
| STREET ADDRESS | 102 BAYBRIDGE | 23 STREET ADDRESS | 1865 W. KINGSFIELD RD | |
| CITY ST ZIP | GULF BREEZE FL | 24 CITY ST ZIP | ~~PENSACOLA~~ CANTONMENT, FL 32533 | |
| TITLE | TD | 31 TITLE | T/D | ☑ Change ☐ Addition |
| NAME | YORK, CATHERINE P. | 32 NAME | JON C YORK | |
| STREET ADDRESS | 102 BAYBRIDGE | 33 STREET ADDRESS | 1865 W. KINGSFIELD RD | |
| CITY ST ZIP | GULF BREEZE FL | 34 CITY ST ZIP | CANTONMENT, FL. 32533 | |
| TITLE | S | 41 TITLE | SEC. | ☑ Change ☐ Addition |
| NAME | YORK, JON C | 42 NAME | JAN. V. McDONALD | |
| STREET ADDRESS | 4615 BAYBROOK DR | 43 STREET ADDRESS | 8900 ARCADIA RD | |
| CITY ST ZIP | PENSACOLA FL | 44 CITY ST ZIP | PENSACOLA, FL 32534 | |
| TITLE | | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | 52 NAME | | |
| STREET ADDRESS | | 53 STREET ADDRESS | | |
| CITY ST ZIP | | 54 CITY ST ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY ST ZIP | | 64 CITY ST ZIP | | |

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)(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.

(904) 968-2348

**SIGNATURE:** Catherine P. York Pres. — 6/15/95 — 6/15/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0460508 FP