

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 379257
1. Corporation Name

(9)

THE YELLOW BIRD OF ST. ARMANDS, INC.



Principal Place of Business
35 S BLVD OF THE PRESIDENTS
SARASOTA FL 34236

Mailing Address
35 S BLVD OF THE PRESIDENTS
SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/22/1971

4. FEI Number

59-1350607

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 640 S. Washington Blvd.

26 640 S. Washington Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Ste. 230

27 Ste. 230

City & State

City & State

23 Sarasota, Florida

28 Sarasota, Florida

Zip

Country

Zip

Country

24 34236

25 USA

29 34236

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARMEL, JOANN R
35 S. BLVD. OF PRESIDENTS
SARASOTA FL 34236

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
640 S. Washington Blvd.

83 Ste. 230

84 City
Sarasota

85 Zip Code
FL 34236

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME GLENN, HAZEL H
STREET ADDRESS 35 S. BLVD. OF PRESIDENTS
CITY-ST-ZIP SARASOTA FL

1.1 TITLE VD
1.2 NAME
1.3 STREET ADDRESS 640 S. Washington Blvd., Ste. 230
1.4 CITY-ST-ZIP Sarasota, FL 34236

TITLE VD
NAME CARMEL, JOANN R
STREET ADDRESS 35 S. BLVD. OF PRESIDENTS
CITY-ST-ZIP SARASOTA FL

2.1 TITLE PD
2.2 NAME
2.3 STREET ADDRESS 640 S. Washington Blvd., Ste. 230
2.4 CITY-ST-ZIP Sarasota, FL 34236

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify 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

JOANN R. CARMEL, Pres.

July 2/98 X 941-388-1823

CR2E034 (5/98)