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Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **494102** (7)

1. Corporation Name
T. F. YIENGST CONSTRUCTION CO., INC.

Principal Place of Business

**541 SANCHRISTOPHER DR
P.O. BOX 629
DUNEDIN FL 34698
US**

Mailing Address

**541 SANCHRISTOPHER DR
P.O. BOX 629
DUNEDIN FL 34698-4907**



| | | | |
|---|--|---|--|
| 3. Date Incorporated or Qualified 01/26/1976 | | 3a. Date of Last Report 02/07/1996 | |
| 4. FEI Number 59-1737390 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |

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

9. Name and Address of Current Registered Agent

**YIENGST, THEODORE F.
1151 MCFARLAND ST.
DUNEDIN FL 34698**

10. Name and Address of New Registered Agent

| | | | |
|---|-----------------------------|-------------|-----------------|
| 81 Name | COLELLO, WILLIAM J. | | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 8421 SPRING HILL DR. | | |
| 83 | | | |
| 84 City | SPRING HILL | 85 Zip Code | FL 34608 |

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: *William J. Colello Jr.* **William J. Colello Jr.** DATE: **1-29-97**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | P <input type="checkbox"/> DELETE | 1.1 TITLE | PST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COLELLO, WILLIAM J | 1.2 NAME | |
| STREET ADDRESS | 8421 SPRING HILL DR | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | SPRING HILL FL | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | YIENGSET, THEODORE F | 2.2 NAME | YIENGST, THEODORE F |
| STREET ADDRESS | 1151 MCFARLAND DT | 2.3 STREET ADDRESS | 1519 RIVERDALE DR |
| CITY-ST-ZIP | DUNEDIN FL | 2.4 CITY-ST-ZIP | OLDSMAR, FL 34677 |
| TITLE | ST <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | YIENGST, ROSEMARY | 3.2 NAME | |
| STREET ADDRESS | 1151 MCFARLAND ST. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | DUNEDIN FL | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do 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: *William J. Colello Jr.* **WILLIAM J. COLELLO JR.** 1-29-97 813 734-0217

CR2E034 (9/96)