2008 FOR PROFIT CORPORATION ANNUAL REPORT

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May 19, 2008 8:00 am
Secretary of State
05-19-2008 90031 016 ***158.75

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05142008 Chg-P CR2E034 (12/06)

DOCUMENT # 494102

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

Principal Place of Business	Mailing Address
15160 SNOW MEMORIAL HWY BROOKSVILLE, FL 34601 US	15160 SNOW MEMORIAL HWY BROOKSVILLE, FL 34601

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1737390 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COLELLO, WILLIAM JR 15160 SNOW MEMORIAL HWY BROOKSVILLE, FL 34601	Name: William J. Colello, III Street Address (P.O. Box Number is Not Acceptable): 15160 Snow Memorial Hwy City: Brooksville FL Zip Code: 34601

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] William J. Colello, III MAY-15-2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD COLELLO, WILLIAM J JR 15160 SNOW MEMORIAL HWY BROOKSVILLE, FL 34601 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD William J. Colello, III 15160 Snow Memorial Hwy Brooksville, FL 34601 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] William J. Colello, III MAY-15-2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #: (727) 243-2472

ATTACHMENT 401037786
#494102

KENNETH L. WARNSTADT
ATTORNEY AT LAW
15339 CORTEZ BOULEVARD
P.O. BOX 594
BROOKSVILLE, FLORIDA 34605-0594

TELEPHONE (352) 799-7291
FAX (352) 799-1594

May 14, 2008

Division of Corporations
2670 Executive Center Circle
Suite 100
Tallahassee, FL 32301

Re: 2008 Annual Report for T.F. Yiengst Construction Co., Inc.

To Whom It May Concern:

Please be advised of the death on March 4, 2008 of William J. Colello, Jr., the president, secretary, treasurer, and director of the above corporation. Accordingly, Mr. Colello's son, William J. Colello, III, who has taken over these positions in the corporation, was unable to locate the Annual Report mailed to his father. And, as you can imagine, operation of the corporation his been in much disarray. A copy of Mr. Colello's death certificate is enclosed for your review.

We are herewith filing the 2008 Annual Report and request that you accept this report with the renewal fee of $150.00 (plus $8.75 for a certificate of status) and waive the late filing fee of $550.00. If you are unable to waive the late fee in this matter, please contact the undersigned at the above telephone number.

Thank you for your consideration of this matter.

Yours very truly,

Kenneth L. Warnstadt

Enclosure

cc: William J. Colello, III

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

ATTACHMENT

40103786

494102

FLORIDA CERTIFICATE OF DEATH

TYPE IN UNDERNEATH ACK INK

LOCAL FILE NO:

1. DECEDENT'S NAME (First, Middle, Last, Suffix): William Joseph Colello, Jr.
2. SEX: Male
3. DATE OF BIRTH (Month, Day, Year): March 7, 1958
4a. AGE - Last Birthday (Years): 49
4b. UNDER 1 YEAR: Months / Days
4c. UNDER 1 DAY: Hours / Minutes
5. DATE OF DEATH (Month, Day, Year): March 4, 2008
6. SOCIAL SECURITY NUMBER: 265-37-2382
7. BIRTHPLACE (City and State or Foreign Country): Jersey City, New Jersey
8. COUNTY OF DEATH: Hernando
9. PLACE OF DEATH (Check only one): HOSPITAL: ___ Inpatient ___ Emergency Room/Outpatient ___ Dead on Arrival; NON-HOSPITAL: ___ Hospice facility ___ Nursing Home/Long Term Care Facility X Decedent's Home ___ Other (Specify)
10. FACILITY NAME (If not institution, give street address): 15160 Snow Memorial Highway
11a. CITY, TOWN, OR LOCATION OF DEATH: Brooksville
11b. INSIDE CITY LIMITS? ___ Yes X No
12. MARITAL STATUS (Specify): ___ Married ___ Married, but Separated ___ Widowed X Divorced ___ Never Married
13. SURVIVING SPOUSE'S NAME (If wife, give maiden name):
14a. RESIDENCE - STATE: Florida
14b. COUNTY: Hernando
14c. CITY, TOWN, OR LOCATION: Brooksville
14d. STREET ADDRESS: 15160 Snow Memorial Highway
14e. APT. NO.:
14f. ZIP CODE: 34601
14g. INSIDE CITY LIMITS? ___ Yes X No
15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. Do not use "Retired"): Senior Project Manager
15b. KIND OF BUSINESS/INDUSTRY: Construction
16. DECEDENT'S RACE (Specify the race/races to indicate what decedent considered himself/herself to be. More than one race may be specified.): X White ___ Black or African American ___ American Indian or Alaskan Native (Specify tribe) ___ Asian Indian ___ Chinese ___ Filipino ___ Japanese ___ Korean ___ Vietnamese ___ Other Asian (Specify) ___ Native Hawaiian ___ Guamanian or Chamorro ___ Samoan ___ Other Pacific Is. (Specify) ___ Other (Specify)
17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin.) ___ Yes (If Yes, specify) X No ___ Mexican ___ Puerto Rican ___ Cuban ___ Central/South American ___ Other Hispanic (Specify) ___ Haitian
18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.): ___ 8th or less ___ High school but no diploma X High school diploma or GED ___ College but no degree ___ College degree (Specify): ___ Associate ___ Bachelor's ___ Master ___ Doctorate
19. WAS DECEDENT EVER IN U.S. ARMED FORCES? ___ Yes X No
20. FATHER'S NAME (First, Middle, Last, Suffix): William J. Colello, Sr.
21. MOTHER'S NAME (First, Middle, Maiden Surname): Pearl Garcia
22a. INFORMANT'S NAME: William J. Colello, III
22b. RELATIONSHIP TO DECEDENT: Son
23a. INFORMANT'S MAILING - STATE: Florida
23b. CITY OR TOWN: Brooksville
23c. STREET ADDRESS: 15160 Snow Memorial Highway
23d. ZIP CODE: 34601
24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Brooksville Crematory
25a. LOCATION - STATE: Florida
25b. LOCATION - CITY OR TOWN: Brooksville
26a. METHOD OF DISPOSITION: ___ Burial ___ Entombment X Cremation ___ Donation ___ Removal from State ___ Other (Specify)
26b. IF CREMATION, DONATION OR BURIAL AT SEA (WAS MEDICAL EXAMINER APPROVAL GRANTED?): X Yes ___ No
27a. LICENSE NUMBER (of Licensee): F045418
27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH:
28. NAME OF FUNERAL FACILITY: Merritt Funeral Home
29a. FACILITY'S MAILING - STATE: Florida
29b. CITY OR TOWN: Brooksville
29c. STREET ADDRESS: 2 South Lemon Avenue
29d. ZIP CODE: 34601
30. CERTIFIER (Check one): X Certifying Physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. ___ Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, due to the cause(s) and manner stated.
31a. (Signature and Title of Certifier):
31b. DATE SIGNED (mm/dd/yyyy): 03/06/2008
32. TIME OF DEATH (24 hr.): 1257
33. MEDICAL EXAMINER'S CASE NUMBER:
34a. LICENSE NUMBER (of Certifier): ME37295
34b. CERTIFIER'S NAME: Joseph C. Wheeler, III, M.D.
35. NAME OF ATTENDING PHYSICIAN (If other than Certifier):
36a. CERTIFIER'S - STATE: Florida
36b. CITY OR TOWN: Brooksville
36c. STREET ADDRESS: 698 South Broad Street
36d. ZIP CODE: 34601
37. SUBREGISTRAR - Signature and Date:
38. LOCAL REGISTRAR - Signature: Sheila A. Richardson
38b. DATE FILED BY REGISTRAR (Mo., Day, Yr.): MAR 10 2008

DEMOGRAPHIC INFORMATION TO BE COMPLETED BY FUNERAL DIRECTOR

MEDICAL CERTIFIER

State of Florida, Department of Health, Vital Statistics

VOID IF ALTERED OR ERASED

MAR 10 2008

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA ON THE FRONT, AND THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

FLORIDA DEPARTMENT OF HEALTH

DH FORM 1946 (08-04)

41392898

CERTIFICATION OF VITAL RECORD