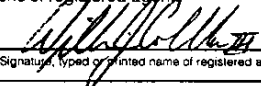
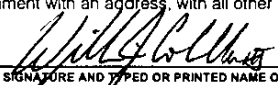


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90031 016 ***158.75

DOCUMENT # 494102 1. Entity Name T. F. YIENGST CONSTRUCTION CO., INC.					
Principal Place of Business 15160 SNOW MEMORIAL HWY BROOKSVILLE, FL 34601 US			Mailing Address 15160 SNOW MEMORIAL HWY BROOKSVILLE, FL 34601		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State 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 COLELLO, WILLIAM JR 15160 SNOW MEMORIAL HWY BROOKSVILLE, FL 34601			7. Name and Address of New Registered Agent 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 		William J. Colello, III MAY-15-2008 (NOTE: Registered Agent signature required when reinstating)			
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 ☒ Delete COLELLO, WILLIAM J JR 15160 SNOW MEMORIAL HWY BROOKSVILLE, FL 34601		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ☒ Change ☐ Addition William J. Colello, III 15160 Snow Memorial Hwy Brooksville, FL 34601	
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	
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	
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: 		William J. Colello, III MAY-15-2008 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
		Date (727) 243-2472			

40103100



05142008 Chg-P CR2E034 (12/06)

ATTACHMENT

40103786

#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.

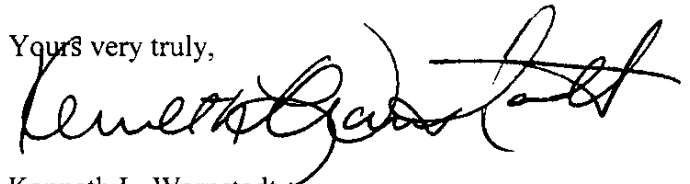
To Whom It May Concern:

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 has 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

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 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 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 ☒ No ☐	
12. MARITAL STATUS (Specify) Married Married, but Separated Widowed Divorced ☒ Never Married		13. SURVIVING SPOUSE'S NAME (If wife, give maiden name)		14. CITY, TOWN, OR LOCATION Brooksville			
14a. STREET ADDRESS 15160 Snow Memorial Highway		14b. APT. NO.		14c. ZIP CODE 34601		14d. INSIDE CITY LIMITS Yes ☒ No ☐	
15. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.) Do not use "Retired" Senior Project Manager		16. DECEDENT'S RACE (Specify the race/ethnicity to indicate what decedent considered himself/herself to be. More than one race may be specified.) ☒ 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) ☒ No ☐		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 ☒ High school diploma or GED College degree (Specify): Associate's Bachelor's Master's Doctorate		19. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes ☒ No ☐			
20. FATHER'S NAME (First, Middle, Last, Suffix) William J. Colello, Sr.		21. MOTHER'S NAME (First, Middle, Maiden Surname) Pearl Garcia		22. INFORMATION'S NAME William J. Colello, III			
22b. RELATIONSHIP TO DECEDENT Son		23a. CITY OR TOWN Brooksville		23b. STREET ADDRESS 15160 Snow Memorial Highway		23c. ZIP CODE 34601	
24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Brooksville Crematory		25. LOCATION - STATE Florida		26. LOCATION - CITY OR TOWN Brooksville			
26a. METHOD OF DISPOSITION Burial Entombment ☒ Cremation Donation Removal from State Other (Specify)		27a. LICENSE NUMBER (of Licensee) F045418		27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>			
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: ☒ 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. (Check one) ☐ 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) <i>[Signature]</i>		31b. DATE SIGNED (mm/dd/yyyy) 3/3/06/2008		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 <i>[Signature]</i>		38a. LOCAL REGISTRAR - Signature <i>[Signature]</i>		38b. DATE FILED BY REGISTRAR (Mo., Day, Year) MAR 10 2008			

VOID IF ALTERED OR ERASED

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.

DH FORM 1946 (08-04)

CERTIFICATION OF VITAL RECORD

FLORIDA DEPARTMENT OF
HEALTH