FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 506209

MARTIN - YOUNG PRIVATE INVESTIGATIVE AGENCY, INC

		•						
Principal Place	e of Business	Mailing Address			T (B B (B) S (S (C B (C))))))))))	### ##################################		
10811 70TH AVE NORTH SEMINOLE FL 33772 US		10811 70TH AVE NORTH SEMINOLE FL 33772 US			DO NOT WRITE IN THIS SPACE			
••					3. Date incorporated or Qualifed 06/30/1976			
2. Principal P	ace of Business	2a. Mailing Address			4. FEI Number	Apr	plied For	
21		26			59-6589 <u>1</u> 35	Not	t Applicable	
Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	5. Certifcate of Status Desired Fee Required		
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip	Country	Zip	Country	,	8. This corporation owes the current year int			
24	25	29 30	0 _		Personal Property Tax.		2 (10	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered	Agent		
81 Name					FO B VOUNG, SI	-		
GEORGE M. HOLLAND SR.			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)			
10811 70TH AVE NORTH				108	811-70 TH AUE N			
SEMINOLÉ FL 33772			83	<u> </u>				
	\ \		84	City		85 Zip Q	Code	
			0-	City Q	Seminole FL	85 Zip 9	3772	
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statutes.	, the abov	e-named co	orporation 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 he appointment as registered agent. I am familiar with, and accept he appointment as registered agent. I am familiar with, and accept he appointment as registered agent. I am familiar with, and accept he appointment as registered agent. I am familiar with, and accept he appointment as registered agent. I am familiar with a second accept he appointment as registered agent. I am familiar with a second accept he appointment as registered agent. I am familiar with a second accept he appointment as registered agent. I am familiar with a second accept he appointment as registered agent. I am familiar with a second accept he appointment as registered agent. I am familiar with a second accept he appointment as registered agent. I am familiar with a second accept he appointment as registered agent. I am familiar with a second accept he appointment as registered agent. I am familiar with a second accept he appointment as registered agent. I am familiar with a second accept he appointment as registered agent. I am familiar with a second accept he appointment as registered agent. I am familiar with a second accept he appointment as registered agent. I am familiar with a second accept he appointment accept he								
l	(-2) W -	Lune 21					}	
SIGNATURE	Signature, typed or printed name of registered agent	I and title it applicable. (NOTE: Re	egistered Age	nt signature requ	uired when reinstating) DATE			
12.	OFFICERS AND	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO		
TITLE .	,P	PELETE	1.1 TITLE	1	LEO M YOUNG, SI 10811 7017 ADEN	Change	☐ Addition	
NAME	GEORGE M. HOLLAND, SR.	•	1.2 NAME	1	LEO NI YOUNG, OF	•		
STREET ADDRESS	10811 707H AVE NORTH	•	1.3 STREE	TADDRESS /	10811 701 AUEN	777	ĺ	
CITY-ST-ZIP	SEMINOLE FL 33772		1.4 CITY-S	T-ZIP	SEMINOLE, 7L 33	116		
TITLE	STD	☐ DELETE	2.1 TITLE			[] Change	Addition	
NAME	YOUNG, BILLIE C.		2.2 NAME					
STREET ADDRESS	10811 70TH AVE N_		2.3 STREE	TADDRESS	-			
CITY-ST-ZIP	SEMINOLE FL 33772		2.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE		•	Change	☐ Addition	
NAME			3.2 NAME			٠	1	
STREET ADDRESS			3.3 STREE	TADDRESS				
CITY+ST-ZIP	<u></u>		3.4. CITY-	ST-ZIP		·		
TITLE		☐ DELETE	4.1 TITLE		是我们的一个人。 第二人	Change	☐ Addition	
NAME			4.2 NAME			٠,		
STREET ADDRESS			4.3 STREE	TADORESS	·			
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE		•	Change	☐ Addition	
NAME	•		5.2 NAME		•			
STREET ADDRESS			5.3 STREE	TADORESS	•		ļ	
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP			<u>. </u>	
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition	
NAME			6.2 NAME				,	
OTDEET ADDDECO	,		6.3 STREE	TADDRÉSS				

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED Apr 09, 1999 8:00 am Secretary of State

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