

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 630581

(7)

1. Corporation Name

H. F. YOUNG ENTERPRISES, INC.



Principal Place of Business

Mailing Address

~~4202 BAYMEADOWS ROAD~~
~~STE 300~~
JACKSONVILLE FL 32217
US

~~4202 BAYMEADOWS ROAD~~
~~STE 300~~
JACKSONVILLE FL 32217
US

2. Principal Place of Business

21 4221 BAYMEADOWS RD

2a. Mailing Address

26 4221 BAYMEADOWS RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 10

27 SUITE 10

City & State

City & State

23 JACKSONVILLE, FL

28 JACKSONVILLE, FL

Zip

Country

Zip

Country

24 32217

25 VOLUSIA

29 32217

30 VOLUSIA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/24/1979

3a. Date of Last Report

04/28/1995

4. FEI Number

59-1931822

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

YOUNG, H. F.

~~422 BAYMEADOWS ROAD~~
JACKSONVILLE FL 32217

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4221 BAYMEADOWS RD

83

SUITE 10

84

JACKSONVILLE

FL

85

Zip Code

32217

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME YOUNG, H. F.
STREET ADDRESS 4202 BAYMEADOWS ROAD
CITY-ST-ZIP JACKSONVILLE FL

TITLE VP ☐ DELETE

NAME YOUNG, DONALD V.
STREET ADDRESS 9254 BEAUCHERC CR. E.
CITY-ST-ZIP JACKSONVILLE FL

TITLE VP ☐ DELETE

NAME YOUNG, OLIVA
STREET ADDRESS 4202 BAYMEADOWS ROAD
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H. F. Young 4/26/96 (904) 636-9552

Date

Daytime Phone #

CR2E034 (12/95)