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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 645865

1. Corporation Name

YOUNGER ENTERPRISES, INC.

Principal Place of Business

**4021 S.W. ST. LUCIE LANE
PALM CITY FL 34990**

Mailing Address

**4021 S.W. ST. LUCIE LANE
PALM CITY FL 34990**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/20/1979

4. FEI Number

59-1961268

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 4780 Selvitz Road

2a. Mailing Address

26 P.O. Box 12868

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Fort Pierce, Florida

City & State

28 Fort Pierce, Florida

Zip Country

24 34981 25 St. Lucie

Zip Country

29 34979-2868 30 St. Lucie

9. Name and Address of Current Registered Agent

**YOUNGER, TERRY A
4021 S.W. ST. LUCIE LANE
PALM CITY FL 33490**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
**PT
YOUNGER, TERRY A.
4021 S.W. ST LUCIE LANE
PALM CITY FL**

TITLE ☐ DELETE

NAME
**V
YOUNGER, BRYAN A.
5251 SE 128TH ST
OKEECHOBEE FL 34974**

TITLE ☐ DELETE

NAME
**SD
YOUNGER, ARLENE F.
4021 S.W. ST. LUCIE LANE
PALM CITY 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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

**PT
Younger, Terry A.
4780 Selvitz Road
Fort Pierce, FL**

☐ Change ☐ Addition

**SD
Younger, Arlene F.
4780 Selvitz Road
Fort Pierce, FL**

☒ Change ☐ Addition

**SD
Younger, Arlene F.
4780 Selvitz Road
Fort Pierce, FL**

☐ Change ☐ Addition

**SD
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4780 Selvitz Road
Fort Pierce, FL**

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Fort Pierce, FL**

☐ Change ☐ Addition

**SD
Younger, Arlene F.
4780 Selvitz Road
Fort Pierce, FL**

☐ Change ☐ Addition

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.

SIGNATURE:

Terry A. Younger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/05/99

Date

(561) 489-5371

Daytime Phone #

CR2E034 (11/98)