

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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90035 017 ***150.00

DOCUMENT # 819000

1. Corporation Name

YOUNGLOVE CONSTRUCTION COMPANY

Principal Place of Business

Mailing Address

2015 E. 7TH STREET
P.O. BOX 8800
SIOUX CITY IA 51102

2015 E. 7TH STREET
P.O. BOX 8800
SIOUX CITY IA 51102

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/02/1965

4. FEI Number

42-0776606

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE STD
NAME DESMIDT, R J
STREET ADDRESS 2015 E 7TH ST
CITY-ST-ZIP SIOUX CITY IA

☐ DELETE

1.1 TITLE

S, T,

☒ Change

☐ Addition

TITLE V
NAME GUNSCH, M A
STREET ADDRESS 2015 E 7TH ST
CITY-ST-ZIP SIOUX CITY IA

☐ DELETE

2.1 TITLE

☐ Change

☐ Addition

TITLE V
NAME BRADBURY, WILLIAM L.
STREET ADDRESS 2015 E 7TH ST
CITY-ST-ZIP SIOUX CITY IA 51101

☐ DELETE

3.1 TITLE

☐ Change

☐ Addition

TITLE D
NAME GLEESON, J. W
STREET ADDRESS 2015 E 7TH ST
CITY-ST-ZIP SIOUX CITY IA

☐ DELETE

4.1 TITLE

☐ Change

☐ Addition

TITLE PD
NAME RUECKERT, M D
STREET ADDRESS 2015 E. 7TH STREET
CITY-ST-ZIP SIOUX CITY IA

☐ DELETE

5.1 TITLE

President

☒ Change

☐ Addition

TITLE V
NAME FIELD, LOREN S.
STREET ADDRESS 2015 E. 7TH ST
CITY-ST-ZIP SIOUX CITY IA 51101

☐ DELETE

6.1 TITLE

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-2-99

Date

712-233-3240

Daytime Phone #

CR2E034 (11/98)