

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
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90065 034 ***158.75

DOCUMENT # 845149

1. Corporation Name

W.G. YATES & SONS CONSTRUCTION COMPANY

Principal Place of Business

P.O BOX 456
1 GULLY AVENUE
PHILADELPHIA MS 39350

Mailing Address

P.O BOX 456
1 GULLY AVENUE
PHILADELPHIA MS 39350

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/04/1980

4. FEI Number

64-0429766

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

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

**RAY, MRS. JAMES F.
ROUTE 1, BOX 200
BAKER FL 32531**

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	PD	<input type="checkbox"/> DELETE
NAME	YATES, WILLIAM G., JR.	
STREET ADDRESS	304 DOGWOOD	
CITY-ST-ZIP	PHILADELPHIA MS	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GOSS, ALINDA J.	
STREET ADDRESS	RT 1, BOX 415 C	
CITY-ST-ZIP	PHILADELPHIA MS	
TITLE	D	<input type="checkbox"/> DELETE
NAME	YATES, OPAL PERRY	
STREET ADDRESS	450 PECAN AVENUE	
CITY-ST-ZIP	PHILADELPHIA MS	
TITLE	D	<input type="checkbox"/> DELETE
NAME	YATES, ROBERT ANDREW	
STREET ADDRESS	450 PECAN AVE	
CITY-ST-ZIP	PHILADELPHIA MS	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BLANKS, MARVIN	
STREET ADDRESS	311 AZALEA DR	
CITY-ST-ZIP	PHILADELPHIA MS	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JOHNSON, E M III	
STREET ADDRESS	302 AZALEA DRIVE	
CITY-ST-ZIP	PHILADELPHIA MS	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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

Date

Daytime Phone #

2/25/99

601 656 5411

0543588

CR2E034 (11/98)