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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # F33277

1. Corporation Name

YARK HOME BUILDING, INC.

FILED Mar 04, 1999 8:00 am Secretary of State 03-04-1999 90188 016 ***150.00

Al-Stan Addison			- I : MILLON LINE LINE LINE LINE LINE LINE LINE MAIN MAIN MAIN MAIN AND LAND LINE AND LINE AN		
Principal Place		Mailing Address			
7063 LONE OAK BLVD NAPLES FL 34109		PO BOX 1329 BONITA SPRINGS FL 34133			
US		US			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed 05/04/1981
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			59-2097557 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zìp	Country	Zìp	Cou	ntry	8. This corporation owes the current year Intangible
24	25	29 3	0		Personal Property Tax. Yes No
	9. Name and Address of Currer	nt Registered Agent		-	10. Name and Address of New Registered Agent
WAR	COCKY TOTAL			81 Name	ie
YARKOSKY, JOHN 421 GOLFVIEW DR.				82 Stree	et Address (P.O. Box Number is Not Acceptable)
				et Address (P.O. Box Number is Not Acceptable) 7063	
NAPI	LES FL 34110			83	
				84 City	
				1	N # 8LES FL 34109
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	the a	bove-name	ed corporation submits this statement for the numose of changing its registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auti ations of. Section 607.0505. Florid	honzed la Stati	i by the cor utes.	proporation's board of directors. I hereby accept the appointment as registered
	Ola Hack	asker free]	hu Y	ARKOSKY Jan 11-99
SIGNATURE	Signature, typed or printed name or registered age	ent and title if Sopiicable. (NOTE: R	egistered	Agent signatur	re required when reinstating) DATE
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PT	☐ DELETE	1.1 TII	LFE	Change
NAME	YARKOSKY, JOHN		1.2 N	ME	1 2 1 1 C 2 2 1 2 1 2 1 1 1 1
STREET ADDRESS	421 GOLFVIEW DR.		1.3 ST	REST ADDRES	SS 7063 LONE OUR BLVA
CITY-ST-ZIP	NAPLES FL		1.4 CI	TY-ST-ZIP	SS 7063 LONE ORK BLVd NAPLES FL 34/09 Thance Addition
TITLE		☐ DELETE	2.1 TI		☐ Change ☐ Addition
NAME			2.2 N	AME	
STREET ADDRESS			2.3 ST	REET ADDRES	SS
CITY-ST-ZIP			2.4 C	ITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TII		Change Addition
NAME			3 2 NA	AME	
				TREET ADDRES	ss
STREET ADDRESS			•	ITY-ST-ZIP	~
CITY-ST-ZIP		☐ DELETE	4,1 Tr		☐ Change ☐ Addition
TITLE			4.2 N		
NAME				AME TREET ADDRES	292
STREET ADDRESS					
CITY-ST-ZIP	<u> </u>	☐ DELETE	5.1 TI	TY-ST-ZIP	☐ Change ☐ Addition
TITLE			5.1 11 5.2 N/		
NAME					ree
STREET ADDRESS				FREET ADDRES	33
CITY- ST-ZIP				TY-ST-ZIP	T Change The Addition
TITLE		☐ DELETE	6.1 Ti		☐ Change ☐ Addition
NAME			6.2 N		
CTREET ANNOESS			6.3 S	TREET ADDRES	SS

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