

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED *dfz*  
AND  
FILED

1997 JUL 18 AM 11:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **G61439** (7)

1. Corporation Name  
**Y.A.D.S., INC.**

Principal Place of Business  
**533 NORTH NOVA ROAD  
SUITE 211  
ORMOND BEACH FL 32174  
US**

Mailing Address  
**533 NORTH NOVA ROAD  
SUITE 211  
ORMOND BEACH FL 32174  
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/28/1983</b>	3a. Date of Last Report <b>06/28/1996</b>
4. FEI Number <b>59-2418860</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HENTZEL, JAMES  
487 S. YONGE ST.  
ORMOND BEACH FL 32074**

81 Name

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

83

84 City

**FL**

85 Zip Code

**32174**

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 ☐ DELETE  
NAME **P HENTZEL, JAMES**  
STREET ADDRESS **487 S YONGE STREET**  
CITY-ST-ZIP **ORMOND BEACH FL**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **JAMES P. HENTZEL**  
1.3 STREET ADDRESS **7 TWELVE OAKS TRAIL**  
1.4 CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE ☐ DELETE  
NAME **V HOLYFIELD, ORREY C**  
STREET ADDRESS **487 S YONGE ST**  
CITY-ST-ZIP **ORMOND BCH FL**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **HOLYFIELD, ORREY C**  
2.3 STREET ADDRESS **4 WINCHESTER PLACE**  
2.4 CITY-ST-ZIP **PALM COAST, FL 32164**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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 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.

CR2E034 (4/97)

2052

**YADS/dba J&M HENTZEL INSURANCE, INC.**

533 North Nova Road, Ste. 211

Ormond Beach, Florida 32174

(904) 672-6970

Fax: (904) 672-6993

James P. Hentzel, President  
YADS/dba J&M Hentzel Insurance, Inc.  
533 North Nova Road, Ste. 211  
Ormond Beach, Florida 32174

July 14, 1997

Division of Corporations  
Annual reports Section  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

RE: YADS, Inc. /Corporate Filing

To Whom It May Concern:

Please accept our "Corporate Filing Form" which was received, completed, and will be mailed today. When we had not received our filing packet at the deadline date, we called to order one to be sent to us. (Our address changed in 1996.) Since we just received the packet, we would ask that you accept our payment of \$165.00 as was suggested by your staff when I called regarding this matter today. Thank you for your help in this matter.

Respectfully yours,



James P. Hentzel, President  
JPH/seh