

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **G95903**

(2)

1. Corporation Name

YVONNE'S TRAVEL HOUSE, INC.

Principal Place of Business

**4856 N KINGS HWY.
FT. PIERCE FL 34951**

Mailing Address

**4856 N KINGS HWY.
FT. PIERCE FL 34951
XX 820 S.US1
Vero Bch., FL.
32962**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/04/1984

4. FEI Number

59-2529453

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 **820 S.US1**

27 Suite, Apt. #, etc.

28 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

**GADDY, YVONNE J.
4856 N. KINGS HWY.
FT. PIERCE FL 34951**

10. Name and Address of New Registered Agent

81 Name

KEVIN GADDY

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

820 S.US1

83

VERO BCH.FL.

84 City

FL **85** Zip Code
32962

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 **Kevin Gaddy - President**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

7/9/98

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **GADDOY, ROBERT L.**
STREET ADDRESS **4856 N. KINGS HWY**
CITY-ST-ZIP **FT. PIERCE FL**

TITLE **PD** ☒ DELETE
NAME **GADDY, YVONNE J.**
STREET ADDRESS **4856 N. KINGS HWY.**
CITY-ST-ZIP **FT. PIERCE 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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

1.1 TITLE **President** ☐ Change ☒ Addition
1.2 NAME **KEVIN GADDY**
1.3 STREET ADDRESS **820 S.US1**
1.4 CITY-ST-ZIP **Vero Bch, FL**

2.1 TITLE **VP** ☐ Change ☒ Addition
2.2 NAME **SHAWN GADDY**
2.3 STREET ADDRESS **4856 N.KINGS HWY.**
2.4 CITY-ST-ZIP **FT.PIERCE FL**

3.1 TITLE **SECRETARY** ☐ Change ☒ Addition
3.2 NAME **MICHELE GADDY**
3.3 STREET ADDRESS **4856 N.KINGS HWY**
3.4 CITY-ST-ZIP **FT.PIERCE FL**

4.1 TITLE **TREASURER** ☐ Change ☒ Addition
4.2 NAME **WIOLETA GADDY**
4.3 STREET ADDRESS **820 S.US1**
4.4 CITY-ST-ZIP **Vero Bch FL**

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

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE: **Kevin Gaddy - Kevin Gaddy**

7/9/98 **561-163-1300**

CR2E034 (5/98)