

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

FILED

Jan 14 1997 8:00am

Secretary of State



PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H23047 (4)

1. Corporation Name
C & G YERKES, INC.

Principal Place of Business

% CLYDE YERKES
19830 LITTLE LANE
ALVA FL 33920

Mailing Address

% CLYDE YERKES
19830 LITTLE LANE
ALVA FL 33920-3732

2. Principal Place of Business

21 1900 PINE AV

Suite, Apt. #, etc.

22 City & State

23 ALVA, FL

Zip

24 33920

Country

25 LEE

2a. Mailing Address

26 1900 PINE AV

Suite, Apt. #, etc.

27 City & State

28 ALVA, FL

Zip

29 33920

Country

30 LEE

3. Date Incorporated or Qualified
09/27/1984

3a. Date of Last Report
02/06/1996

4. FEI Number
59-2461437

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

YERKES, CLYDE
19830 LITTLE LANE
ALVA FL 33920

10. Name and Address of New Registered Agent

81 Name
GREIG W YERKES

82 Street Address (P.O. Box Number is Not Acceptable)
1900 PINE AV

83

84 City
ALVA FL

85 Zip Code
33920

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 GREIG W YERKES

Greig W Yerkes

DATE 1-8-97

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME YERKES, CLYDE
STREET ADDRESS 19830 LITTLE LANE
CITY-ST-ZIP ALVA FL

TITLE VD ☐ DELETE
NAME YERKES, GREIG
STREET ADDRESS 1900 PINE AVENUE
CITY-ST-ZIP ALVA FL

TITLE ST ☒ DELETE
NAME YERKES, PRISCILLA
STREET ADDRESS 19830 LITTLE LANE
CITY-ST-ZIP ALVA 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition
1.2 NAME GREIG W YERKES
1.3 STREET ADDRESS 1900 PINE AV
1.4 CITY-ST-ZIP ALVA, FL 33920 ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE SECRETARY ☐ Change ☒ Addition
3.2 NAME FRAN YERKES
3.3 STREET ADDRESS 1900 PINE AV
3.4 CITY-ST-ZIP ALVA, FL 33920 ☐ Change ☐ Addition

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

Fran Yerkes

FRAN YERKES

DATE 1-8-97 941-694-0848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)