

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 06, 1999 8:00 am  
Secretary of State

03-06-1999 90143 014 \*\*\*150.00

DOCUMENT # H23572

1. Corporation Name

BARBARA N. YERGENS INTERIORS, INC.

Principal Place of Business

% BARBARA N. YERGENS  
~~664 AZALEA LA STE D~~  
VERO BCH. FL 32963

Mailing Address

% BARBARA N. YERGENS  
~~664 AZALEA LA STE D~~  
VERO BCH. FL 32963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/02/1984

4. FEI Number

59-2502774

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

9. Name and Address of Current Registered Agent

YERGENS, BARBARA N.

~~664 AZALEA LANE STE D~~  
VERO BCH. FL 32963

10. Name and Address of New Registered Agent

81 Name

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

736 AZALEA LANE

83

84 City

VERO BEACH

FL

85 Zip Code

32963

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 DP  
NAME YERGENS, BARBARA N.  
STREET ADDRESS 1759 CORAL WAY, OCEANSIDE  
CITY-ST-ZIP VERO BCH. FL

☐ DELETE

TITLE D  
NAME YERGENS, WILLIAM P.  
STREET ADDRESS 1759 CORAL WAY, OCEANSIDE  
CITY-ST-ZIP VERO BCH. FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT  
1.2 NAME BARBARA N. YERGENS  
1.3 STREET ADDRESS 211 VILLAGE WAY  
1.4 CITY-ST-ZIP PANAMA CITY BEACH, FL 32413

☒ Change ☐ Addition

2.1 TITLE SECT/TREAS  
2.2 NAME WILLIAM P. YERGENS  
2.3 STREET ADDRESS 211 VILLAGE WAY  
2.4 CITY-ST-ZIP PANAMA CITY BEACH FL 32413

☒ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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: Barbara N. Yergens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/99

Date

561-234-1455

Daytime Phone #

CR2E034 (11/98)