FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE

CORPORATION ANNUAL REPORT



Sandra B. Mortham Secretary of State

1996	DIVISION OF C	ORPORATIONS	_	
DOCUMENT # J86 1. Corporation Name J. R. YOUNG, INC.	6383 (3)			a na shi biri a shi shak a shi abal a shi basi basi
•				
Principal Place of Business	Mailing Address			ÖIMÜ (III ÖIBI) DIEN AIDII BIBN BIBN BIBN INBI
5425 AIRPORT RD. N. NAPLES FL 33942 US	5425 AIRPORT RD. N. NAPLES FL 33942 US		3. Date incorporated or Qualified 08/06/1987	3a. Date of Last Report 01/20/1995
1000	2a. Mailing Address		4. FEI Number	Applied For
Principal Place of Business	26. Walling Address		65-0054682	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	City & State		6. Election Campaign Financing	\$5.00 May Be
City & State	28		Trust Fund Contribution	Added to Fees
Zip Country	Ζιp	Country	8. This corporation has liability for	
24 25	29	30	Florida Stalutes Ye 10. Name and Address of New	
9. Name and Address of	Current Registered Agent	B1 Name	(O, Haine pila radios sitte	
ALLAN, ROBERT W., CPA		82 Street Addr	ress (P.O. Box Number is Not Accepta	able)
412 SAMAR AVENUE				
NAPLES FL 33962		83		
3		84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 60	27 0500 and 607 1508 Florida Statutes	the above named corno	ration submits this statement for the p	proces of changing its registered office
 Pursuant to the provisions of Sections 60 or registered agent, or both, in the State familiar with, and accept the obligations. 		d by the corporation's boa	rd of directors, I hereby accept the ap	pointment as registered agent. I am
SIGNATURE Stgriuture, typed or printed name of regist		E Rogistared Agent sky attire recon-	a wheatenstring?	DATE FRICERS AND DIRECTORS IN 12
12.	ERS AND DIRECTORS	13.	ADDITIONS OF PRINCES TO OT	Change Addition
NAME YOUNG, JAMES R.		1.2 NAME		D1
STREET ADDRESS 3424 TIMBERWOOD	CIR	1.3 STHEET ADDRESS	283 Perigor Naples, FL	1 FACE
CHY-S1-ZIP NAPLEG-FL		1.4 CITY - ST - ZIP	Naples, FL	Criange Addition
TITLE	DELETE	2 1 THILF	•	Criange Addition
NAME		2.2 NAME		
STREE1 ADDRESS		2 3 STREET ADDRESS 2 4 City-St-Zip		
C(TY-ST-ZIP	DELETE	3 1 THILE		Change Addition
TITLE NAME	_	3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3 4 CHY - S1 - 7 IF		Change Addition
TITLE	☐ DELETE	4 1 TITLE		Change Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
City-St-ZiP	DELETE	5 1 Title		Change Addition
THE NAME	<u>.</u> .	5.2 NAME		
STREE ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 C(TY-ST-Z)P		Charas Addition
TITLE	☐ DELETE	6 1 TITLE		Change Addition
NAME		6.2 NAME	•	
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-S1-ZIP	for the exemption stated in Section 1	19.07(3)(k), Florida Statutes. I further

I do hereby certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. Flurther 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 eath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 12 or Block of changed, or on an attachment with an address.

SIGNATURE: