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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07 1997 8:00am
Secretary of State

DOCUMENT # K91960 (0) E.S. YOAKUM ASSOCIATES, INC. Principal Place of Business Mailing Address 3616 GREGORY RD. 3616 GREGORY RD.						
LADY LAKE FL 32159 LADY LAN		LADY LAKE FL 32159-5310	Б			
US		US		3. Date Incorporated or Qualified 05/25/1989	3a. Date of Last 04/05/1996	Report
2. Principal l	Place of Business	2a. Mailing Address		4. FEI Number	······································	pplied For
21		26		59-2953921		lot Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional Regulred
			6. Election Campaign Financing		May Be	
23		28		Trust Fund Contribution		to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i		s. 199.032.
24	25	29	30		Yes No	
	 Name and Address of Curr AKUM, EDWARD W 	rent Registered Agent	81 Name	10. Name and Address of New Re	Bratelen wilder	
	IB GREGORY RD.					
LADY LAKE FL 32159			82 Street Add	ress (P.O. Box Number is Not Acceptab	·le)	l l
			83			
			84 City		85 Zip	Code
		175 Waller			FL	
agent 1 SIGNATURE	am familiar with, and accept the ob-	ligations of, Section 607,0505, Fl	orida Statutes. TE: Registered Agent signature requ		DATE	
12.	OFFICERS A	AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 12
NAME	YOAKUM, EDWARD W.	La becere	1.2 NAME		L Orlange	
STREET ADDRESS	AAP I CHIAA AT		1.3 STREET ADDRESS			
C-1Y - \$1 - 74P	FRUITLAND PARK FL		1.4 CITY-ST-ZIP			};
1001	D	DELETE	2.1 TITLE		Change	Addition
NAME	YOAKUM, SHERYLL L.		2.2 NAME			
STREET ANDRESS			2 3 STREET ADDRESS			
CITY STEZE	FRUITLAND PARK FL	DELETE	2 4 CITY-ST-ZIP		Change	Addition
TITLE NAME		ניין חנרנונ	3.1 TITLE 3.2 NAME		L. Grange	L AUGILION
STREET ADORESS			3.3 STREET ADDRESS			
Offy SLZIF			3.4. CITY - ST- ZIP			
THEF		☐ DELETE	4.1 TITLE		☐ Change	Addition
NAME			4. 2 NAME			}
S REEL ADDRESS	·		4.3 STREET ADDRESS			
C 1Y-S1 74P		DELETE	4.4 CITY-ST-ZIP			
1111.6		☐ DELETE	5.1 TITLE		Change	L. Addition
NAME STRO-1 ADDRESS			5.2 NAME 5.3 STREET ADDRESS	0		
CITY - ST-ZIP			5.4 CITY-ST-ZIP			ļ
111.f		☐ DELETE	6.1 TITLE		Change	Addition
NSM:			6.2 NAME		_	
STHEF : ACURESS			6.3 STREET ADDRESS)
City-St-7iF			6.4 CITY - ST - ZIP			
14. Ldo hore informat	eby certify that the information supplies indicated on this appual report of	olied with this filing does not qual	ify for the exemption state	d in Section 119.07(3)(i), Florida Statute:	s. I further certify that Leffect as if made u	it the

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 fittinged, of on an attachment with an address.

SIGNATURE:

WILL ENWARD

4/28-97

352-750-4944

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