FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **L04356** **(6)**

1. Corporation Name
JOEL YOUNG & ASSOCIATES, INC.

Principal Place of Business
% YOUNGS & ASSOCIATES
2120 CORPORATE SQ. BL #24
JACKSONVILLE FL 32216

Mailing Address
% YOUNGS & ASSOCIATES
2120 CORPORATE SQ. BL #24
JACKSONVILLE FL 32216

3. Date Incorporated or Qualified: 07/24/1989
3a. Date of Last Report: 01/27/1995
4. FEI Number: 59-2962195 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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
MARTIN AND ASSOCIATES
8130 BAYMEADOWS CIRCLE WEST
SUITE 307
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent
81 Name: BERNARD KIESEL CPA, PA
82 Street Address (P.O. Box Number is Not Acceptable): 9735 OLD ST AUGUSTINE ROAD
83 SUITE 9
84 City: JACKSONVILLE FL 85 Zip Code: 32257

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] BERNARD KIESEL, PRESIDENT 5/29/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPV	☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	YOUNGS, JOEL		1.2 NAME	
STREET ADDRESS	~~5270 SIESTA DEL RIO~~		1.3 STREET ADDRESS	2640 STATE RD 13
CITY-ST-ZIP	~~JACKSONVILLE FL~~		1.4 CITY-ST-ZIP	JACKSONVille, FL. 32259-9262
TITLE	V	☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	YOUNGS, CINDY		2.2 NAME	
STREET ADDRESS	~~5270 SIESTA DELRIO~~		2.3 STREET ADDRESS	2640 STATE RD 13
CITY-ST-ZIP	~~JACKSONVILLE FL~~		2.4 CITY-ST-ZIP	JACKSONVille, FL. 32259-9262
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] 5/29/96 904-724-2095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Joel K Youngs