

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L21485**

1. Corporation Name

**T.H.Y. CONSTRUCTION INC**

Principal Place of Business

% THOMAS H. YOUNGER, II  
334 NE 3RD ST  
BOCA RATON FL 33432

Mailing Address

% THOMAS H. YOUNGER, II  
334 NE 3RD ST  
BOCA RATON FL 33432

**FILED**  
**Aug 18, 1999 8:00 am**  
**Secretary of State**

08-18-1999 90007 044 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/06/1989**

4. FEI Number

**65-0163121**

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.



Yes



No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**YOUNGER, THOMAS H., II**  
**334 NE 3RD ST**  
**BOCA RATON FL 33432**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

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 **P** ☐ DELETE  
NAME **YOUNGER, THOMAS H., II**  
STREET ADDRESS **334 NE 3RD ST**  
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

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

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

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

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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**08/01/99**

Date

**561-338-7687**

Daytime Phone #

CR2E034 (5/99)

0076774

L21485  
607511-90007-44

August 1, 1999

T.H.Y. Construction Inc.  
334 N.E. 3rd Street  
Boca Raton, Fl. 33432-4018  
561-338-7687  
561-347-1180 FAX

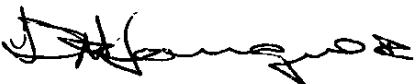
Division of Corporations  
Annual Reports Filings  
PO Box 1500  
Tallahassee , Fl. 32302-1500

To Whom I May Concern,

Enclosed find the copy of the Receipt for Certified Mail dated April 7, 1999. This is the date that my Annual Report packet was originally sent into your office. When I received the 2<sup>nd</sup> Notice it was obvious that you had not received the original. I called in to find out if in fact that was true and was told to resubmit the report with a copy of the receipt.

I have filed a Mail Loss/Rifling Report at the post office where I mailed the original Annual Report. If you have any further question please call me at the number listed above. Thank you.

Sincerely,



Thomas H. Younger II  
President,  
T.H.Y. Construction Inc.

L21485  
607511-90007-44

Z 318 473 624

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to	
Division of Corp.	
Street & Number	
P.O. Box 6327	
Post Office, State, & ZIP Code	
Tallahassee, FL 32311	
Postage	\$ 1.33
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	2.98
Postmark or Date	

PS Form 3800, April 1995

