## 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

## DOCUMENT # L52276

1. Corporation Name

YOUNG HOME CONSULTING AND CONSTRUCTION, INC.

Principal Place of Business Mailing Address					, , , , , , , , , , , , , , , , , , , ,		
525 S. PAULA DRIVE DUNEDIN FL 34698 US		525 S. PAULA DRIVE DUNEDIN FL 34698 US		DO NOT WRITE II	N THIS SPACE		
	·.	••			3. Date Incorporated or Qualifed 02/22/1990		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-29894 <u>1</u> 3		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	ree Required	
City & State		City & State	¬ '		6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees		
Zip			Coun	ountry  8. This corporation owes the current year Intangible			
24	25	29	30		Personal Property Tax.  Yes No		
	9. Name and Address of Current Registered Agent				10. Name and Address of New Regi	stered Agent	
				81 Name			
	ng, Kenneth R. ' Royal oak dr				Idress (P.O. Box Number is Not Acceptable)	)	
DUN	EDIN FL 34698			B3	· · · · · · · · · · · · · · · · · · ·		
- !	•			84 City		FL	Code
office or n	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change :	was authorized	ov the corbora	rporation submits this statement for the pur tion's board of directors. I hereby accept the	pose of changing i e appointment as	ts registered registered
SIGNATURE							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regis				igent signature requ		DATE	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	DPS	☐ DELE	TE 1.1 ΠΤ	E.		☐ Chang	e
NAME	Young, Kenneth R	•	1.2 NAJ	Æ			
STREET ADDRESS	1237 ROYAL OAK DR		1.3 STF	EET ADORESS			ļ
CITY-ST-ZIP	DUNEDIN FL			r-\$T-ZIP			
TITLE		☐ DELE	TE 2.1 TIT	E		☐ Chang	e
NAME			2.2 NAJ	Æ			
STREET ADDRESS			2.3 STF	EET ADDRESS			
CITY-ST-ZIP			2. 4 CIT	Y-ST-ZIP			
TITLE		. DELE	3.1 TIT	E		☐ Chang	e
NAME			3.2 NA	AE			
STREET ADDRESS			3.3 STF	EET ADDRESS			į
CITY-ST-ZiP			3.4. CIT	Y-ST-ZIP			
TITLE		☐ DELE	TE 4.1 T/T	E		☐ Chang	e 🗌 Addition
NAME			4. 2 NA	WE			)
STREET ADDRESS			4.3 STF	EET ADORESS			
CITY-ST-ZIP	,		44 CIT	r-ST-ZIP			ļ
TITLE		☐ DELE				☐ Chang	e Addition
NAME			5.2 NAJ	I .			
STREET ADDRESS				REET ADDRESS			
				Y-ST-ZIP			ĺ
CITY-ST-ZIP TITLE		☐ DELE				Chang	e
	'	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6.2 NAJ				-, "
NAME OTOTES ADDRESS				REET ADDRESS			
STREET ADDRESS	}			Y-ST-ZIP			
CITY-ST-ZIP	I .		0.4 (11	1-41-71L			1

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 of the attachment with an address, with all other like empowered.

**SIGNATURE:** 

CITY-ST-ZIP

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90132 036 \*\*\*150.00

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