**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 # **L74356** **(1)**

1. Corporation Name

**YGI OF FLORIDA, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 4949 INTERNATIONAL DR EXT<br>STE 128 - BELZ OUTLET MALL<br>ORLANDO FL 32819-9412<br>US | PO BOX 2060<br>HENDERSONVILLE NC 28793-20<br>US |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip / Country<br>24 / 25 | Zip / Co<br>29 / 30 |

3. Date Incorporated or Qualified: **05/18/1990**

3a. Date of Last Report: **08/03/1995**

4. FEI Number: **56-1237111** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM**
**1200 S. PINE ISLAND ROAD**
**PLANTATION FL 33324**

10. Name and Address of New Registered Agent

1 Name
2 Street Address (P.O. Box Number is Not Acceptable)
3
4 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, Florida Statutes, the above 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 _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|---|---|---|---|
| TITLE | PD | ☐ DELETE | ☐ Change ☐ Addition |
| NAME | VARAT, JOSH | | |
| STREET ADDRESS | 3 FRANCIS ROAD | | |
| CITY-ST-ZIP | HENDERSONVILLE NC | | |
| TITLE | TD | ☒ DELETE | ☐ Change ☐ Addition |
| NAME | STERLING, JOHN M | | |
| STREET ADDRESS | 233 N MAIN ST, STE 30 | | |
| CITY-ST-ZIP | GREENVILLE SC | | |
| TITLE | SV | ☒ DELETE | ☐ Change ☐ Addition |
| NAME | DAVIS, D L | | |
| STREET ADDRESS | 3 FRANCIS RD | | |
| CITY-ST-ZIP | HENDERSONVILLE NC | | |
| TITLE | V | ☐ DELETE | ☐ Change ☐ Addition |
| NAME | WOODARD, GARNETTA | | |
| STREET ADDRESS | 3 FRANCIS RD | | |
| CITY-ST-ZIP | HENDERSONVILLE NC | | |
| TITLE | V | ☐ DELETE | ☐ Change ☐ Addition |
| NAME | CARPENTER, LEROY | | |
| STREET ADDRESS | 3 FRANCIS RD | | |
| CITY-ST-ZIP | HENDERSONVILLE NC | | |
| TITLE | D | ☒ DELETE | ☐ Change ☐ Addition |
| NAME | DAVIS, ROBERT S | | |
| STREET ADDRESS | 233 N. MAIN ST. | | |
| CITY-ST-ZIP | GREENVILLE SC | | |

14. I do hereby certify that the information supplied with this report is complete and accurate, and that I am executing this report in accordance with Section 607.0203(3), Florida Statutes. I further certify that the information indicated on this 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 added by attachment with an address.

**SIGNATURE:** D.L. DAVIS, CONTROLLER 2/28/96 704-693-8623

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Phone #

CR2E034 (12/95)