2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000102035

1. Entity Name
YORK SPECIALTY CONSTRUCTION, INC.

FILED
04 APR 22 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1809 MICCOUSUKEE COMMONS BLVD STE 108 TALLAHASSEE, FL 32308	1809 MICCOUSUKEE COMMONS BLVD STE 108 TALLAHASSEE, FL 32308

03262004 Chg-P CR2E034 (10/03) 04

2. Principal Place of Business	3. Mailing Address
1809 Miccosukee Commons Dr.	1809 Miccosukee Commons Dr.
Suite, Apt. #, etc.: Suite 108	Suite, Apt. #, etc.: Suite 108
City & State: Tallahassee, FL	City & State: Tallahassee, FL
Zip: 32308 Country: USA	Zip: 32308 Country: USA

4. FEI Number: 20-0232543 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GLOVER, RICHARD A ~~1809 MICCOUSUKEE COMMONS BLVD STE 108~~ TALLAHASSEE, FL 32308	Name Street Address (P.O. Box Number is Not Acceptable): 1809 Miccosukee Commons Dr. Suite 108 City: Tallahassee FL Zip Code: 32308

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D YORK, FRED A P O BOX 180026 TALLAHASSEE, FL 32303	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500035723319 05/06/04--01071--009 **150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP John J. Thomas PO Box 180026 Tallahassee, FL 32303	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	secretary Hal L. Atkinson PO Box 180026 Tallahassee, FL 32303	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ✓ Fred A. York
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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