FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05806

(5)

YODER INCORPORATED

Principal Place of Business Mailing Address 97300 U.S. HIGHWAY 1 KEY LARGO FL KEY LARGO FL 33097-2206				
				3. Date Incorporated or Qualified 3a. Date of Last Report 04/26/1985 02/23/1996
2. Principal Place of Business		2a. Mailing Adoress		4. FEI Number Applied For
Suite Ant.	# edo	Suite, Apt. #, etc.		34-0672160 Not Applica
22 Suite Apr.	m, etc	27 Suitu, Apri #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required
City & State	3	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 24	Country 25		Country 30	8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes
	9, Name and Address of Curr	rent Registered Agent		10. Name and Address of New Registered Agent
AND	ERSEN, W.A.		B1 1	Name
DAM	ARON BUILDING, SUITE 7		82 5	Street Address (P.O. Box Number is Not Acceptable)
KEY	LARGO FL 33037		83	
			84 (City 85 Zip Code
				FL 5 24 Code
office or r agent. La	egistered agent or both in the Sta	ate of Florida, Such change was a ligations of, Section 607 0505, Flor in the section of Florida (Section 1997)	uthorized by the	-named corporation submits this statement for the purpose of changing its register the corporation's board of directors. I hereby accept the appointment as registere at signature required when reinstating) DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
THILE	PO	DELETE	1.1 TITLE	☐ Change ☐ Add
NAME	ANDERSEN, LESLIE A.		12 NAME	
STREET ADDRESS	32904 LAKE ROAD		13 STREET AD	ADDRESS
CITY - S1 - ZIP	AVON LAKE OH		14 CITY-ST-Z	- ZIP
TITLE	VD OV	☐ DELETE	2 1 TtfLE	Change Addi
NAME	ANDERSEN, WILLIAM A.		2.2 NAME	
STREET ADDRESS	P.O. BOX 2367 N/A		23 STREET AD	ADDRESS
CITY - ST - 7IP	KEY LARGO FL		2. 4 CITY - ST -	
TITLE	SD	DELETE	3.1 TITLE	☐ Change ☐ Addi

14. I do 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 eath; that I am an officer or director of the corporation or into occurs or inside empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged), onon an agreement with any address.

6.4 CITY-ST-ZIP

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADORESS

DELETE

DELETE

DELETE

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY - ST - ZIP

3.4. CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADORESS

STREET ADDRESS

CifY-ST-ZIP

CHY-ST-ZIP

CITY - ST - ZIP

CITY-ST-ZP

TITLE

NAME

TITLE

NAME

TITLE NAME ANDERSEN, KATHARINE Y.

805 CRYSTAL BEACH ROAD

32904 LAKE ROAD

ANDERSEN, JAMES L.

AVON LAKE OH

EAGLE LAKE FL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Change

Change

Change

Addition

Addition

☐ Addition

FILED

Jan 22 1997 8:00am

Secretary of State