## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # **P34827** 

(6)

YELLOW JACKET INTERNATIONAL, INC.

Principal Place of		Mailing Address	· ·							
PO BOX 76350- 76567 ST. PETERSBURG FL 33734 US			PO BOX-76350 76507 ST.PETERSBURG FL 33734 US							
		00				3. Date incorporated or Qualified 07/26/1991	3a. Date	of Last 3/21/	Report 1995	
2. Principal Plac	e of Business Bx X 765e7	2a. Mailing Address	1650		,	4. FEI Number 59-3062119		L	Applied For	
Suite, Apt #	*9( X 1 <u>6&gt; J6</u> 2 ] , etc	Suite, Apt. #, etc.	14000	1	<u>,                                     </u>			\$8.7	Not Applicable  75 Additional	
22 27						5. Certificate of Status Desired	Fee Required			
City & State		City & State				6. Election Campaign Financing			.00 May Be	
[23]   Zip	Country	28 Zip	Countr			Trust Fund Contribution			ded to Fees	
24	25	<u> </u>	30	,		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No				
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New R	gistered A	gent		
CHBER	T D C		81	1	Name					
GILBER	1, R. O. ( 1640 510B S. DR.		82 Street Address			ress (P.O. Box Number is Not Acceptable	e)			
ì	MARIA FL 34216		83	3						
				_					****	
			84		City		FL		Zip Code	
11. Pursuant to or registere	the provisions of Sections 607,0502 diagent, of both, in the State of Florid	and 607.1508, Florida Statutes, Such change was authorized	the above	na	amed corpor	ration submits this statement for the pur	ose of cha	nging it	s registered office	
familiar with	, and accept the obligations of, Sept	on 607.0505, Morida Statutes	, e, e, e e e e	р.		rd of directors. I hereby accept the appo	o IN	1 /	so agent. I ani	
SIGNATURE .	A product the end or contlect harms of registered about	and title if applicable (NOTE	Econoti and Ani			id when reinstating) $\mathcal{A}w, \tilde{\mathcal{J}}_0$	3/9/	62		
12.	OFFICERS AND		13.	orn s	signature required	ADDITIONS/OHANGES TO OFFI	CERS AND	DIREC	TORS IN 12	
ULE	PC	☐ DELETE	1. 1 TITLE					Chang		
NAME	GILBERT, RODNEY C.		1.2 NAME							
STREET ADDRESS	301 2ND ST NORTH PO BO	X 76350	1.3 STREE	TA	DORESS					
CITY ST ZIP	ST. PETERSBURG FL 50	<u></u>	1.4 CITY -	ST-	- ZIP					
TI'LE	HARRIS, RICHARD M	☐ DELETE	2 1 1111 [					] Chang	e 🔲 Addition	
NAME CHARLEMAKOS	16613 HUTCHINSON RD		2 2 NAMÉ							
STHEET ADURESS CPY+ST-ZIP	ODESSA FL		2 3 STREE							
TILE	SD DELETI		2 4 CITY - ST - ZIP 3 1 TITLE		· ZIP			] Chang	e 🔲 Addition	
NAME:	HUNT, CINDY M		3.2 NAME				•	J C. III. 19		
STREET ADORESS	2243 W VINA DRL MAR		33 STREI	FT.A	ADORESS					
City St ZP	ST PETERSBURG FL		3 4 CITY -	\$1-	- ZIP					
11718		DELETE	4. 1 TITLE					] Chang	e 🔲 Addition	
NAME			4.2 NAME							
STREET ACIDRESS			43 STREE							
OFY-S1-ZIP   TITLE		₩ DELETE	4.4 CITY -		- ZIP			1 05		
NAM:		□ DELETE	5 1 TITLE 52 NAME				L	] Chang	e 🗌 Addition	
STREET ADDRESS			5 3 STREE		nnaree					
CITY ST ZIP			5.4 CITY -							
Tiruf		DELETE	6 1 TITLE				Γ	Chang	e 🔲 Addition	
NAM!			6.2 NAME				_		_	
STREET ADDRESS			63 STREE	T A	DDRESS					
CITY - ST - ZIP			6 4 CITY -							
certify that f	the information indicated on this annu	iai report or supplemental annua	l report is tr	rue	and accura	for the exemption stated in Section 119.0 ate and that my signature shall have the	same legal i	affect as	s if made under	
I cath: that I	arti an officer or director of the corne	ration or the recover or trustae r	amountered	to	execute this	is report as required by Chapter 607, Flo	rida Statute	s; and	that my name	
appears in Block 12 or Block 13 if changed, or organ attachment with an address.										

SIGNATURE: Joseph C. Shille

TURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

130/96 (813)821-1699

CR2E034 (12/