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 # P34827

YELLOW JACKET INTERNATIONAL, INC.

Principal Place of Business Mailing Address										
POB 76507	POB 76507									
ST. PETERSBURG FL 33734 ST.PETERSBURG			L 33734				DO NOT WORTH IN THIS	ODAGE		
US US							DO NOT WRITE IN THIS SPACE			
٠							3. Date Incorporated or Qualifed 07/26/1991			
2. Principal Pl	ace of Business	2a. Mailing Address					4. FEI Number	<u> </u>	lied For	
21							59-3062119-		Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 A			
22		27					Fee Rec			
City & State	•	City & State			- 1	6. Election Campaign Financing	\$5.00			
23		28					Trust Fund Contribution	Added to	Pees	
Zip	Country	- '	Zip Country				8. This corporation owes the current year Intangible Personal Property Tax Yes No			
24	25	29	30	1]	Personal Property Tax.		1140	
	9. Name and Address of Currer	nt Registered Agent		81	Name		10. Name and Address of New Registered	Agair		
Cii Di	EDT D C			*'	Name					
GILBERT, R. C. PO BOX 1640 510B S. DR.				82	Street A	Addres	ess (P.O. Box Number is Not Acceptable)			
ANN	A MARIA FL 34216	•	i i							
								10-1 7:- C	\	
				84	City		FL	85 Zip C	ode	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named 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 are familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE Signature, typed C progress name of registered agent and title litappicable. (NOTE: Registered Agent signature required when reinstating)									gistered	
12.		ID DIRECTORS	13.				ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	PC	DELETE	1,1 TI	TLE				Change	Addition	
NAME	GILBERT, RODNEY C.		1.2 N	ME	ŀ		,			
STREET ADDRESS	301 2ND ST NORTH PO BOX	76350	1.3 S	TREET	ADDRESS		•			
CITY-ST-ZIP	ST. PETERSBURG FL 50		1.4 CI	TY-\$Î	-ZIP					
TITLE	D	☐ DELETE	2.1 TI	TLE .			•	Change	☐ Addition	
NAME	HARRIS, RICHARD M		2.2 N	AME					ĺ	
STREET ADDRESS	16613 HUTCHINSON RD		. 2.3 5	TREET	ADDRESS	-	المراجع المستوالية	•	.]	
CITY-ST-ZIP	ODESSA FL		2.40	ITY-S	T-ZIP					
TITLE	SD	☐ DELETE	3.1 TI	TLE				Change	Addition	
NAME	HUNT, CINDY M		3.2 N	AME					}	
STREET ADDRESS	2243 W VINA DRL MAR		3.3 S	REET	ADDRESS					
CITY-ST-ZIP	ST PETERSBURG FL		3.4. C	ITY-S	T-ZIP					
πιΣE	-	☐ DELETE	4.1 TI	TLÊ	ļ			Change	☐ Addition	
NAME			4. 2 N	AME	1		•			
STREET ADDRESS			4.3 S	TREET	ADDRESS		_			
CITY-ST-ZIP			4.4 C	TY-\$T	r-ZIP					
TITLE		☐ DELETE	5.1 T					☐ Change	Addition	
NAME	•		5.2 N				• •			
STREET ADDRESS	•				ADDRESS					
CITY-ST-ZIP				ITY-SI	Γ-ZIP				T Addition	
TITLE		☐ DELETE	6.1 TI				•	Change	Addition	
NAME	,		6.2 N							
STREET ADDRESS	•		6.3 S	TREET	ADDRESS				Ì	
CITY-ST-ZIP			6.4 C	ITY-S1	r-zip					

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 changes, or on an attachment with an address, with street in the empowered.

SIGNATURE:

CITY-ST-ZIP

Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90024 015 ***150.00