DIVISION OF CORPORATIONS

03-09-1999 90133 042 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

DOCUMENT # P39380

1. Corporation Name

YOUNG'S CONSTRUCTION COMPANY INC. OF INDIANA

Principal Place of Business		Mailing Address		~ _				
5071 Carlersburg RD. Plainsfield in 46168 US		5071 CARLERSBURG RD. PLAINSFIELD IN 46168 US						
					DO NOT WRITE IN THIS SPACE			
03		•			3. Date incorporated or Qualifed			
					06/24/1992			
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Apı	plied For	
21		26			35-1722884		t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A		
22		27				Fee Re		
City & State		City & State	├ ──		6. Election Campaign Financing	\$5.00		
23		28			Trust Fund Contribution	Added to	o rees	
Zip —,	Country	Zip 30	Country ∃∸	.	This corporation owes the current year I Personal Property Tax.	ntangible Yes	No	_
P4	9. Name and Address of Current		<u>'</u>		10. Name and Address of New Registere			
	5. Name and Address of Current	Vedistated Affaut	81	Name				
MITC	CHELL, MIKE J.		L.					
	FLORIDA MEMORIAL FUNERAL H	OME	82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
	S. U.S. HVYY. #1		83					
	KLEDGE FL 32955					1.53		
			84	City	F	[85 Zip (Code	
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS ANI		gistered Ager	nt signature required	when reinstating) ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	RS IN 12	
TITLE	DCP	☐ DELETE 1				☐ Change	☐ Addition	
NAME	YOUNG, CHARLES T.		1.2 NAME					
STREET ADDRESS	_ :		1.3 STREE	T ADDRESS				
CITY-ST-ZIP			14 CITY-S	T- ZIP				
TITLE			2.1 TITLE			☐ Change	☐ Addition	
NAME	YOUNG, NANCY		2.2 NAME				ļ	
STREET ADDRESS	5071 CARTERSBURG ROAD		2.3 STREE	TADDRESS			ļ	
CITY-ST-ZIP			2. 4 CITY-5	ST-ZIP		- Chance	Addition	
TITLE	S	☐ DELETE	3.1 TITLE			Change	☐ Audiuo:i	
NAME	YOUNG, NANCY		3.2 NAME					
STREET ADDRESS	i e e e e e e e e e e e e e e e e e e e		i	TADDRESS				
CITY-ST-ZIP			3.4. CITY-5 4.1 TITLE	ST-ZIP		[-] Change -	 	
TITLE		_ beccie	4. 2 NAME			_ ,	- 20	
NAME STREET ADDRESS				T ADORESS				l
STREET ADDRESS			4.4 CITY-S					l
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE			Change	Addition	
NAME			5.2 NAME					l
STREET ADDRESS			5.3 STREE	TADDRESS				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				ľ
TITLE		☐ DÉLETE	6.1 TITLE		· ———	☐ Change	☐ Addition	l
NAME			6.2 NAME					i

CITY-ST-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 il chapped, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

JOUNS 3-1-49 317-539-4285