

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P92000006272 (8)

1. Corporation Name

YORE SOFTWARE SYSTEMS, INC.

Principal Place of Business

**8766 GLEN LAKES BLVD
ST PETERSBURG FL 33702**

Mailing Address

**8766 GLEN LAKES BLVD
ST PETERSBURG FL 33702**

FILED

1995 JUL 27 AM 10:18

TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/20/1992	3a. Date of Last Report 05/01/1994
4. FEI Number 59-3153906	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. The corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

9. Name and Address of Current Registered Agent

**TUCKER, SCOTT V
8766 GLEN LAKES BLVD
ST PETERSBURG FL 33702**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Scott V. Tucker

6/26/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	TUCKER, SCOTT V	1.2 NAME	
STREET ADDRESS	8766 GLEN LAKES BLVD	1.3 STREET ADDRESS	
CITY, ST, ZIP	ST PETERSBURG FL 33702	1.4 CITY, ST, ZIP	
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	GEHRIG, MICHELLE	2.2 NAME	DIRECTOR
STREET ADDRESS	4224 MEADOW HILL DRIVE	2.3 STREET ADDRESS	8766 GLEN LAKES BLVD
CITY, ST, ZIP	TAMPA FL 33624	2.4 CITY, ST, ZIP	ST. PETERSBURG FL 33702
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	PIERRO, DIANE	3.2 NAME	
STREET ADDRESS	8766 GLEN LAKES BLVD	3.3 STREET ADDRESS	
CITY, ST, ZIP	ST PETERSBURG FL 33702	3.4 CITY, ST, ZIP	
TITLE	D	4.1 TITLE	☒ Change ☐ Addition
NAME	SOKOL, MARK A	4.2 NAME	NO LONGER DIRECTOR - PROP
STREET ADDRESS	2572 BRANDYWINE DR	4.3 STREET ADDRESS	
CITY, ST, ZIP	CLEARWATER FL	4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 changed, or on an attachment with an address.

SIGNATURE:

Scott V. Tucker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/29/95 (813) 579-9623
Telephone Number