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

199	6		
	•		

DOCUMENT #

P93000060050 (0)

JAMES YUNKER, INC.

3901 W MAIN ST	3901 W MAIN ST	
Principal Place of Business	Mailing Address	



	FL 34748	LEESBURG FL 34748						
		,			3. Date Incorporated 08/26/1993	or Qualified	3a. Date of L 03/29	
t. Principa⊑Pa ∩	ace of Business	2a. Mailing Address	_		4. FEI Number			Applied For
Suito Ast	Quality Valer Treat	ment Inc.			59-319380	4		Not Applicat
Suite, Apt.	3901 West Stain S	Street.			5. Certificate of Statu	s Desired	1 1	3.75 Additional Fee Required
City & State	Occurry Valer Treat #, etc. 390! West Stain S Lensburg, Fl. fida (52) 725-3524 • Fax (35	2) 365-0514 State			6. Election Campaign Trust Fund Contrib	~		5.00 May Be Added to Fees
$Z\Phi$	Country	Zip	├ ¬	ountry	8. This corporation ha			der s 199.032,
<u></u>	25 9. Name and Address of Cur	29	30	7	Florida Statutes	Yes		<u> </u>
	9. Name and Address of Cur	rent Registered Agent		B1 Nar	10. Name and Addra	as of New Re	gistered Agen	<u>t</u>
VIINKEC	R, JAMES							
	MAIN ST			82 Stre	et Address (P.O. Box Number is I	Not Acceptable)	7717
	RG FL 34748			83			···	
	IN I E UTITU							
				84 City			FL B5	Zip Code
L. Parsuant t	to the provisions of Sections 607.03 ed agent, or both, in the State of F	502 and 607.1508, Florida Statu	tes, the ab	ove name	corporation submits this stateme	nt for the purpo	ana of chancing	its registered of
Tattin ar Wit	in, and accept the obligations of, S	ection 607,0505, Florida Statute	S.	corporatio	13 July at the total thereby at	серств аррог	itment as regis	iered agent, i am
GNATURE .	Signature, typiod or printed name of registered a	gent and tire if approachle (N	OTE Registere	od Agent signat	re required when reinstating)		DATE	
	Y " '	AND DIRECTORS	13.		ADDITIONS/CHAN	GES TO OFFIC	ERS AND DIRE	CTORS IN 12
. F	D MINNED HAREO	☐ DELETE	1. 1	TITLE			☐ Cha	inge 🔲 Additio
Mi	YUNKER, JAMES			NAME				
REE! ADDRESS	3901 W MAIN ST LEESBURG FL 34748			STREET ADDRE	SS			
Y-ST-ZIP	LEESDONG FL 34/48			CITY - ST - ZIP				
1 .		E 1 1 NE ! E 1 E		TITLE			☐ Cha	ange 🔲 Addition
		☐ DELETE		HALAC				
NME		[] DETEIF	221	NAME	· c			
MME REET ADDRESS		[] DELETE	22 f 23 S	STREET ADDRE	is .			
ME Reet address Ly-\$1- <i>zie</i>		DELETE	22 h 23 S 24 C	STREET ADDRE	55			nge 🔲 Addition
REFT ADDRESS 1Y-S1-ZIF		_	22h 235 240 3 1	STREET ADDRE	55		. Cha	inge 🔲 Addition
ME REET ADDRESS Y-ST-71P LE ME		_	22h 23 S 24 C 3 1 3 2 h	STREET ADDRE DITY-ST-ZIP TITLE			. Cha	inge Addition
ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS		_	22h 235 240 31 32h 331	STREET ADDRE CITY-ST-ZIP TITLE NAME			Cha	inge 📄 Additio
ME REET ADDRESS TY-ST-ZIF LE ME REET ADDRESS TY-ST-ZIF		_	22 h 23 S 24 C 3 1 3 2 h 3 3 4 C	STREET ADDRE CHY-ST-ZIP TIFLE NAME STREET ADDRE			Cha	
ME REET ADDRESS LY-ST-ZIP LE ME REET ADDRESS LY-ST-ZIP LE		☐ DELFTE	22 h 23 S 24 C 3 1 3 2 h 3 3 4 C	STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE				
ME REET ADDRESS IY-S1-ZIP LE REET ADDRESS IY-S1-ZIP LE ME REET ADDRESS MY-S1-ZIP LE		☐ DELFTE	22 N 23 S 24 C 3 1 3 2 N 3 3 1 4 .1 4 .2 N	STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE	SS SS			
ME REEL ADDRESS Y-S1-ZIP LE REEL ADDRESS Y-S1-ZIP LE ME REEL ADDRESS Y-S1-ZIP LE ME REEL ADDRESS Y-S1-ZIP		☐ DELETE	22 h 23 S 24 C 3 1 3 2 h 3 3 4 C 4 . 1 4 . 2 h 4 . 3 S	STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE	SS SS			
ME REET ADDRESS Y-S1-ZIP LE ME REET ADDRESS Y-S1-ZIP LE ME REET ADDRESS Y-S1-ZIP LE ME REET ADDRESS		☐ DELFTE	22h 23S 24C 31 32h 33: 34C 4.1 4.2h 4.3S 4.4C 5.1	STREET ADDRE DITY-ST-ZIP TITLE NAME STREET ADDRE DITY-ST-ZIP TITLE NAME STREET ADDRE DITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	SS SS			nge Addition
ME REFLADDRESS Y-S1-7IP LE ME REFLADDRESS Y-S1-7IP LE MR REFLADDRESS Y-S1-7IP LE MR REFLADDRESS Y-S1-7IP LE MR		☐ DELETE	221 235 240 3 1 321 340 4.1 4.2 4.3 5 1 5 2 1	STREET ADDRE DITY-ST-ZIP TITLE VAMME STREET ADDRE DITY-ST-ZIP TITLE VAMME STREET ADDRE DITY-ST-ZIP TITLE TITLE VAMME VAMME VAMME VAMME VAMME VAMME VAMME	ss .		Cha	nge Addition
ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME		☐ DELETE	228 240 3 1 328 340 4.1 4.26 4.35 4.40 5 1 5 28 5.35	STREET ADDRE DITY-ST-ZIP TITLE NAME STREET ADDRE DITY-ST-ZIP TITLE NAME STREET ADDRE DITY-ST-ZIP TITLE NAME STREET ADDRE STREET ADDRE STREET ADDRE STREET ADDRE STREET ADDRE STREET ADDRE	ss .		Cha	nge Addition
ME REFLADORESS 1Y-SL-ZIP LLE REFLADORESS IY-SL-ZIP LLE ME REFLADORESS IY-SL-ZIP LLE ME REFLADORESS LY-SL-ZIP LLE ME REFLADORESS LY-SL-ZIP LLE ME REFLADORESS		☐ DELETE	228 235 240 3 1 328 340 4.1 4.26 4.35 4.40 5 1 5 28 5 38	STREET ADDRE DITY-ST-ZIP TITLE NAME STREET ADDRE DITY-ST-ZIP	ss .		☐ Cha	nge Addition
ME REFLADORESS 1Y-SL-ZIP LLE REFLADORESS IY-SL-ZIP LLE ME REFLADORESS IY-SL-ZIP LLE ME REFLADORESS IY-ST-ZIP LLE ME HEEF ADORESS		☐ DELETE	22N 23S 24C 3 1 32N 33C 4.1 4.2N 4.3S 4.4C 5 1 5 2N 5.3S 5.4C 6.11	STREET ADDRE DITY-ST-ZIP TITLE VAME DITY-ST-ZIP TITLE	ss .		Cha	nge Addition
AME THEFT ADDRESS TY-ST-ZIP THE AME THEFT ADDRESS TY-ST-ZIP THE THEFT ADDRESS TY-ST-ZIP THE THEFT ADDRESS TY-ST-ZIP THEFT ADDRESS		☐ DELETE	22N 23S 24C 3 1 32N 33 1 34C 4.1 4.2N 4.3S 4.4C 5 1 1 5 2N 5.3S 5.4C 6.17 82N	STREET ADDRE DITY-ST-ZIP TITLE VAME VAME	ss .		☐ Cha	nge Addition
TUE AME TREET ADDRESS TY-ST-ZIP TUE AME TREET ADDRESS TY-ST-ZIP TUE AME THEFT ADDRESS TY-ST-ZIP TUE THEFT ADDRESS TY-ST-ZIP TUE THEFT ADDRESS TY-ST-ZIP TUE THEFT ADDRESS TY-ST-ZIP TUE THEFT ADDRESS		☐ DELETE	228 238 240 3 1 32 M 33 6 4.1 4.2 M 4.3 S 4.4 C 5 1 5 2 M 5.3 S 5 4 C 6.1 1 6 2 M 6 3 S	STREET ADDRE DITY-ST-ZIP TITLE VAME DITY-ST-ZIP TITLE	ss .		☐ Cha	nge Addition

4. To hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k). 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 trusted 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J-20-96 352 738 3524