## 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 # 1. Corporation Name

P93000087474 (1)

| MARK T. YOUNG CONTRACTOR, INC.  |   |   |   |                                       |
|---|---|---|---|---------------------------------------|
| Principal Place of Business   | Mailing Address   |   |   | 09  (  66  \$                         |
| 440 SAVAGE CT<br>1415 MANCHESTER AVE.<br>LONGWOOD FL 32750  | C/O MARK THOMAS 1<br>1415 MANCHESTER AT<br>ORLANDO FL 32804 |   | 2. Flate Imperovated as Qualified                             |                                       |
| US  | -   |   | 3. Date Incorporated or Qualified 12/23/1993                  | 3a. Date of Last Report<br>05/01/1995 |
| 2. Principal Place of Business  | 2a. Mailing Address   |   | 4. FEI Number   | Applied For                           |
| Suite, Apt. #, etc.   | 26  |   | 59-3215711  | Not Applicable                        |
| 22  | Suite, Apt. #, etc.  27 440 SAVI                            | ige ct  | 5. Certificate of Status Desired                              | \$8.75 Additional Fee Required        |
| Crty & State  | City & State  28 Long work                                  | F3  | Election Campaign Financing     Trust Fund Contribution       | \$5.00 May Be Added to Fees           |
| Zip Country <b>24 25</b>  | 29 32 <b>1</b> 50   | Country 30 Semisial   | 8. This corporation has liability for in Florida Statutes Yes |                                       |
| 9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent   |   |   |   |                                       |
| 81 Name   |   |   |   |                                       |
| YOUNG, MARK T   |   |   | SAME<br>ess (P.O. Box Number is Not Acceptable                |                                       |
| 1415 MANCHESTER AVE.  | Auso marlin   | Street Addin  | 140 SAVASE CT.  | 3)                                    |
| ORLANDO FL 32804  | dross to<br>winess Address                                  | 83  |   |                                       |
| Ade   | diss. to  | 84 City ,   |   |                                       |
| Bu.   | uness Address   |   | sugwoods  | FL 85 Zip Code 32.750                 |
| 11. Pursuant to the provisions of Sections 607.0502 or registered agent, or both, in the State of Floric familiar with and accept the obligations of Sections     |   | the above-named corpora                                     | ation submits this statement for the purp                     | and of the series is a series of the  |
| familiar with, and accept the obligations of, Secti   | on 107.0505, Florida Statutes.                              | a by the corporation's boar                                 | o or directors. I hereby accept the appoi                     | ntment as registered agent. I am      |
| SIGNATURE Signature, types for printed name of registered agent   | fores   |   | 4-//  | 196                                   |
|   | old title if apply the NOTE  DIRECTORS                      | : Registered Agent signature required                       |   | DATE                                  |
| TITLE D   | DELETE  | 13.<br>1 1 TITLE  | ADDITIONS/CHANGES TO OFFIC                                    |                                       |
| NAME YOUNG, MARK T  | C) becen  | 12 NAME   |   | Change 🔲 Addition                     |
| STREET ADDRESS 1415 MANCHESTER AVE.   |   | 1 3 STREET ADDRESS  |   |                                       |
| CITY-ST-ZIP ORLANDO FL 32804  |   | 1.4 CITY-ST-ZIP   |   |                                       |
| TITLE   | C DELETE  | 2 1 TITLE   |   | Change Addition                       |
| NAME  | <del></del>   | 2.2 NAME  |   | Country   Notified                    |
| STREET ADDRESS  |   | 2.3 STREET ADDRESS  |   |                                       |
| CITY-ST-ZIP   |   | 2.4 CITY - ST - ZIP   |   |                                       |
| TOLE  | ☐ DELETE  | 3 1 TITLE   |   | Change Addition                       |
| NAME  |   | 3 2 NAME  |   |                                       |
| STREET ADDRESS  |   | 3.3. STREET ADDRESS   |   |                                       |
| CITY-S1-ZIP   | 777   | 3.4 CITY - ST - ZIP   | ·   |                                       |
| TITLE   | ☐ DELETE  | 4. 1 TITLE  |   | Change Addition                       |
| NAME  |   | 4 2 NAME  |   |                                       |
| STREET ADDRESS  |   | 4.3 STREET ADDRESS  |   |                                       |
| C(TY-ST-ZIP   |   | 4.4 CITY+ST+ZiP   |   |                                       |
| TITLE   | ☐ DELETE  | 5. 1 TITLE  |   | ☐ Change ☐ Addition                   |
| NAME<br>CTOCK A PODECO  |   | 5.2 NAME  |   |                                       |
| STREET ADDRESS  |   | 5.3 STREET ADDRESS  |   |                                       |
| CITY-ST-ZIP  IITLE  | DELETE  | 5.4 C(TY - ST - Z/P   |   |                                       |
| NAME  |   | 6. 1 HILE   |   | Change 🗋 Addition                     |
| STREET ADDRESS  |   | 6.2 NAME  |   |                                       |
| CHTY-ST-ZIP   |   | 6 3 STREET ADDRESS  |   |                                       |
| 14. I do hereby certify that the information supplied w   | ith this filing is voluntarily furnish                      | 64 CITY-ST-ZIP<br>hed and does not qualify fo               | r the exemption stated in Section 119.0                       | 7/3)/k) Florida Statutos I fuebo-     |
| certify that the information indicated on this annu-<br>oath; that I am an officer or director of the corpor<br>appears in Block 12 or Block 13 if changed, or or | ation or the receiver or trustee a                          | il report is true and accurate<br>empowered to execute this |   |                                       |

SIGNATURE: Mark S. Journ SERVICE OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATE OF SI

41/96 407-830-0200 Daytore Prope #