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FILED
Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000087474 (1)

1. Corporation Name

MARK T. YOUNG CONTRACTOR, INC.

Principal Place of Business

440 SAVAGE CT
1415 MANCHESTER AVE.
LONGWOOD FL 32750
US

Mailing Address

C/O MARK THOMAS YOUNG
440 SAVAGE CT
LONGWOOD FL 32750-5175
US



2. Principal Place of Business

21 2705 FALKNER Rd

Suite, Apt. #, etc.

22 ORLANDO 1

City & State

23 FL

Zip

24 32810

Country

25 ORANGE

2a. Mailing Address

26 2705 FALKNER Rd

Suite, Apt. #, etc.

27

City & State

28 ORLANDO FL

Zip

29 32810

Country

30 ORANGE

3. Date Incorporated or Qualified

12/23/1993

3a. Date of Last Report

04/18/1996

4. FEI Number

59-3215711

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. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

YOUNG, MARK T
440 SAVAGE CT
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name

YOUNG, MARK T.

82 Street Address (P.O. Box Number is Not Acceptable)

2705 FALKNER Rd

83

84 City

ORLANDO

FL

85 Zip Code
32810

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

Mark T. Young

(NOTE: Registered Agent signature required when reinstating)

4/22/97
DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME YOUNG, MARK T
STREET ADDRESS 440 SAVAGE CT
CITY - ST - ZIP LONGWOOD FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
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STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME YOUNG, MARK T.
1.3 STREET ADDRESS 2705 FALKNER Rd
1.4 CITY - ST - ZIP ORLANDO FL 32810

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark T. Young

4/22/97
Date

407-293-9026
Daytime Phone #