

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000024288 (0)

1. Corporation Name

YOUNG & YOUNG IV, INC.



Principal Place of Business

Mailing Address

7380 49TH STREET NORTH
PINELLAS PARK FL 34065

P.O. BOX 865
EAGLE FL 33839
US

3. Date Incorporated or Qualified
03/25/1994

3a. Date of Last Report
02/03/1995

2. Principal Place of Business
21 1500 N. Lake Eloise

2a. Mailing Address

4. FEI Number
59-3279766

Applied For
Not Applicable

Suite, Apt. #, etc.

22 DR.

City & State

23 Winter HAVEN FL

Zip

24 33884

Country

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Suite, Apt. #, etc.

City & State

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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

10. Name and Address of New Registered Agent

YOUNG, NANCY L
2117 EDGEWATER CIRCLE
WINTER PARK FL 32880

81 Name

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

1500 N. Lake Eloise DR

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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

Signature, typed or printed name of registered agent and the filer, applicable

(The filer's Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME YOUNG, CHARLES J III
STREET ADDRESS 2117 EDGEWATER CIRCLE
CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE D
NAME YOUNG, NANCY L
STREET ADDRESS 2117 EDGEWATER CIRCLE
CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE D
NAME WHITTED, STEVEN M
STREET ADDRESS 10620 3RD STREET NO
CITY-ST-ZIP ST. PETERSBURG FL

TITLE D
NAME WHITTED, DEEANN
STREET ADDRESS 10620 3RD STREET NORTH
CITY-ST-ZIP ST. PETERSBURG FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 1500 N. Lake Eloise DR.
1.4 CITY-ST-ZIP WINTER HAVEN, FL 33884

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 1500 N. Lake ELOISE DR.
2.4 CITY-ST-ZIP WINTER HAVEN, FL 33884

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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)(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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Nancy L Young

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/96

DATE

(941) 294-7749

TELEPHONE NUMBER

CR2E034 (3/96)