FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
FILED
95 MAY -1 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000059775 (4)**

1. Corporate Name
J.T. YOUNG POWER CONTRACTORS, INC.

Principal Place of Business
407 WEKIVA SPRINGS ROAD
SUITE 229
LONGWOOD FL 32779

Mailing Address
407 WEKIVA SPRINGS ROAD
SUITE 229
LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/08/1994
3a. Date of Last Report: —

2. Principal Place of Business
21 5241 Broken Arrow Dr.
22 Suite Apt. #, etc.
23 City & State: Kissimmee, Florida
24 Zip: 34746 25 Country: U.S.A.

2a. Mailing Address
26 5241 Broken Arrow Dr.
27 Suite Apt. #, etc.
28 City & State: Kissimmee Florida
29 Zip: 34746 30 Country: U.S.A.

4. FEI Number: 59-3265976 — 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
SNOW, JOHN R
407 WEKIVA SPRINGS ROAD
SUITE 229
LONGWOOD FL 32779

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0127 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 duties and obligations of Section 607.0505, Florida Statutes.

SIGNATURE John T. Young Apr 28/95

12. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	YOUNG, JOHN T
STREET ADDRESS	407 WEKIVA SPRINGS RD. #229
CITY, ST, ZIP	LONGWOOD FL 32779

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PSTD ☑ Change ☐ Addition
NAME	YOUNG, John T.
STREET ADDRESS	5241 Broken Arrow Dr.
CITY, ST, ZIP	Kissimmee Florida 34746

14. I hereby certify that the information supplied with this filing, if accurately transcribed and does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on the 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 a director or officer of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or is added in the block with an asterisk.

SIGNATURE: John T Young Apr/28/95 (407) 396-1524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0044849 CP