

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 # P94000059775 (4)

1. Corporation Name

J.T. YOUNG POWER CONTRACTORS, INC.



Principal Place of Business

Mailing Address

5241 BROKEN ARROW DR
SUITE 229
KISSIMMEE FL 34746
US

5241 BROKEN ARROW DR
SUITE 229
KISSIMMEE FL 34746
US

3. Date Incorporated or Qualified

08/08/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3265978

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SNOW, JOHN R
407 WEKIVA SPRINGS ROAD
SUITE 229
LONGWOOD FL 32779

81 Name

JOHN T YOUNG

82

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

5241 BROKEN ARROW DRIVE

83

84

City

KISSIMMEE

FL

85

Zip Code

34744

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

John T Young

8/6/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PSTD

☐ DELETE

NAME

YOUNG, JOHN T

STREET ADDRESS

5241 BROKEN ARROW DRIVE

CITY - ST - ZIP

KISSIMMEE FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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SIGNATURE:

John T Young

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/96

Date of Filing

CR2E034 (3/96)