## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

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Zip

City & State

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YOUNG, KENNETH R

525 S. PAULA DR. **DUNEDIN FL 34698** 

P94000069349 (6) DOCUMENT # YOUNG CONSTRUCTION CONSULTING, INC. Principal Place of Business Mailing Address 525 S. PAULA DR. 525 S. PAULA DR. **DUNEDIN FL 34698** DUNEDIN FL 34698 2. Principal Place of Business 2a. Mailing Address 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.

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9. Name and Address of Current Registered Agent

City & State

Zip

5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83

3. Date Incorporated or Qualified

09/19/1994

59-3277399

4. FEI Number

3a. Date of Last Report

85

02/14/1995

Applied For

\$8.75 Additional

Zip Code

Not Applicable

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

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tamiliar witi	h, and accept the obligations of, Section	607.0505, Florida Statute	98.		_	_	
SIGNATURE _	Signature, typed or printed name of registered agent and	I title if applicable. If	NOTE: Registered Agent signature required v	when reinstation	DATE		
12.	OFFICERS AND DIRECTORS		13.		CHANGES TO OFFICERS AND DIRECTORS IN 12		
T:TLF	Р	☐ DELETE	1. 1 TITLE		☐ Change	Addition	
NAME	Young, Kenneth R.		1.2 NAME			_	
STREET ADDRESS	1237 ROYAL OAK DR.		1.3 STREET ADDRESS				
CITY-ST-ZIP	DUNEDIN FL		1.4 CITY - ST - ZIP				
TULE		☐ DELETE	2 1 TITLE		☐ Change	Addition	
NAME			22 NAME				
STREET ADDRESS			2 3 STREET ADDRESS				
CITY-S1-ZIP			2.4 CITY - ST - ZIP				
TITLE		☐ DELETE	3. 1 TITLE		☐ Change	☐ Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3. STREET ADDRESS				
CHTY - ST - ZIP	<u>.                                    </u>		3.4 CITY - ST - ZIP				
TITLE		☐ DELETE	4. 1 TITLE		☐ Change	Addition	
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STREET ADDRESS			4.3 STREET ADORESS				
CITY-ST-ZIP			4.4 CITY - ST - ZIP				
TIFLE		☐ DELETE	5. 1 TITLE		☐ Change	■ Addition	
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C TY-ST-ZIP			5.4 CITY - ST - ZIP				
TITLE		☐ DELETE	6 1 TITLE		Change	Addition	
NAME		•	6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or Block 13 or on an attachment with an address.

SIGNATURE:

Kennerh R young 4/26/96 813-733-5186

RECTOR Date Dayline Prons 8