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FILED
May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000077487

1. Corporation Name

YUKON RIVER, INC.

Principal Place of Business

16100 FAIRCHILD DR
SUITE E-201
CLEARWATER, FL 34622

Mailing Address

16100 FAIRCHILD DR
SUITE E-201
CLEARWATER, FL 34622

3. Date Incorporated or Qualified
10/9/95

3a. Date of Last Report
1996

2. Principal Place of Business

21 14502 N DALE MABRY
Suite, Apt. #, etc.

22 City & State
23 TAMPA, FL

24 Zip
33628

25 Country
HILLS.

2a. Mailing Address

26 14502 N DALE MABRY
Suite, Apt. #, etc.

27 City & State

28 TAMPA, FL

29 Zip
33628

30 Country
HILLS.

4. FEI Number
59-3333675

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

~~RUSSELL JEROTHE~~
~~16100 FAIRCHILD DRIVE~~
~~SUITE V-209~~
~~CLEARWATER, FL 34622~~

10. Name and Address of New Registered Agent

81 Name
DRAKEFORD & DRAKEFORD, P.A.
82 Street Address (P.O. Box Number is Not Acceptable)
2212 EAST 4TH AVENUE
83
84 City
TAMPA
85 Zip Code
FL 33605

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

WALTER H.C. DRAKEFORD

4/29/97

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME JEROTHE, RUSSELL
STREET ADDRESS 16100 FAIRCHILD DRIVE, STE V-209
CITY-ST-ZIP CLEARWATER, FL 34622

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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

☒ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
14502 N DALE MABRY
TAMPA, FL 33618

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 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 Book 12 or Book 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dir Russell Jerother, Dir 4/29/97

Date

Daytime Phone #

CR2E034 (9/96)