## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000018428 (8)

YOUNG AND ASSOCIATES GENERAL CONTRACTORS, INC.

Principal Piace of Business Mailing Address 315 KELLY ROAD 315 KELLY ROAD NICEVILLE FL 32578 NICEVILLE FL 32578-1847 3. Date Incorporated or Qualified Sa. Date of Last Report 02/20/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Country 8. This corporation has liability for intangible tax under s. 199.032, 30 Florida Statutes Yes No 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name YOUNG, FREDERICK W 315 KELLY ROAD Street Address (P.O. Box Number is Not Acceptable) 82 **NICEVILLE FL 32578** 83 84 Zip Code City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Fiorida 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. Ham familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typical or printed harmoof registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 TITLE Change Addition THEF YOUNG, FREDERICK W 1.2 NAME N/W 122 WILDER ST 1.3 STREET ADDRESS STREET ADDRESS **NICEVILLE FL 32578** 1.4 CITY-ST-ZIP C(1) - \$1 - 71P Change Addition DELETE 100 2 1 fift F NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP OTY \$1-769 DELETE Change Addition 3.1 TITLE 10.6 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 34. CHTY-SY-ZIP 00Y-\$1-74P DELETE Change Addition 4.1 TITLE THE 4 2 NAME MAM 4.3 STREET ADDRESS STREET ADDRESS 44 CITY - ST-ZIP CHY-SI-74: DELETE 51 TITLE Change \_\_\_ Addition TillE 5.2 NAME NAME 5.3 STREET ADDRESS SHEELATORESS 5 4 CITY - ST - ZIP DELETE Change Addition 61 TITLE TIME 6.2 NAME MAME \$TEFF1 ACORESS 6.3 STREET ADDRESS

SIGNATURE:

6.4 CITY - ST - ZIP

14. Los hareby 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 Block 12 or Block 13 if changed, or on an attachment with an address.

**FILED** 

May 12 1997 8:00am

Secretary of State