FILED

Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90001 048 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000045585**

1. Corporation Name

YERKES ENTERPRISES, INC.

Principal Place of Business		Mailing Address	Mailing Address						
19830 LITTLE LI	N	19830 LITTLE LANE	19830 LITTLE LANE						
ALVA FL 33920		ALVA FL 33620	ALVA FL 33620						-
US						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			Į
						05/21/1996			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		<u> </u>	pplied For
21		26				65-0672402		N ₁	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired			Additional
22		27	27			5. Certificate of Status Desired		Fee R	equired
City & State		City & State				6. Election Campaign Financing	_	\$5.00	May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip				8. This corporation owes the curre	nt year Int	angible	
24	25 29 33920 30					Personal Property Tax.		X Yes	□Nọ
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Re	gistered	Agent	
			8	11	Name	•		,	
YERI	KES, PRISCILLA E		82 Stree			ross (B.O. Boy Number is Not Acceptate	nle)		
1983	O LITTLE LANE		°	2	Sireet Addi	Address (P.O. Box Number is Not Acceptable)			
ALVA		83							
			8	4	City		FI	85 Zip	Code
		TOO 1007 4500 51 11 01 44						changing its	registered
office or re	egistered agent, or both, in the Stat	te of Florida. Such change was auth gations of, Section 607.0505, Florida	onzed b	v u	he corporation	oration submits this statement for the pon's board of directors. I hereby accept	the appoi	ntment as re	egistered
									-
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE: Re	gistered Ag	jent	signature require	d when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFF	ICERS AN		
TITLE	D	☐ DELETE	1.1 TITLE		S	5/D		Change	XX Addition
NAME	YERKES, PRISCILLA E		1.2 NAM	E	Y	erkes, Priscilla E.			ļ
STREET ADDRESS	19830 LITTLE LANE		1.3 STRE	ET/	ADDRESS 1	9830 Little Lane			İ
CITY-ST-ZIP	ALVA FL 140		1.4 CITY	-ST-	ZIP A	lva. F1 33920			
TITLE			2.1 TITLE		P	•		Change	**X Addition
NAME		2.2		l .					AA
STREET ADDRESS			2.3 STRE	eT/		erkes, Clyde A.			
						9830 Little Lane			Ì
CITY-ST-ZIP TITLE	☐ DELETE		2.4 CITY-ST-ZIP 3.1 TITLE			. 1va,_F1 33920	-	Change	Addition
		- Occert						_ ,	_
NAME			3.2 NAM		*DODECC				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	<u> </u>	□ per ext	3.4. CITY		-ZIP			Change	☐ Addition
TITLE		☐ DELETE	4.1 TITLE						C Addition
NAME			4.2 NAM	Œ					
STREET ADDRESS	•		4.3 STRE	ET/	ADDRESS				
C/TY-ST-ZIP			4.4 CITY	-ST-	·ZIP	<u></u>			
TITLE		☐ DELETE	5.1 TITLE			·	•	Change	☐ Addition
NAME			5.2 NAM	E		•			í
STREET ADDRESS			5.3 STRI	EET,	ADDRESS				
CITY-ST-ZIP			5.4 CITY		-ZIP				
TITLE		☐ DELETE	6.1 TITLE	E				Change	☐ Addition
NAME			6.2 NAM	E					}
STREET ADDRESS		ł	6.3 STRE	EET,	ADDRESS				ŀ

CITY-ST-ZIP 14. I 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

1/23/99

941-728-2782