

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

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90059 035 ***150.00

DOCUMENT # P97000005973

1. Corporation Name
YA-BO, INC.

Principal Place of Business

C/O ACCURATE FILING & SEARCH
3424-18 OLD ST. AUGUSTINE ROAD
TALLAHASSEE FL 32311

Mailing Address

P.O. BOX 557
STEINHATCHEE FL 32359

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/21/1997

4. FEI Number

APPLIED FOR

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 owes the current year Intangible

Personal Property Tax.

Yes No

2. Principal Place of Business

21 6246 Rolling Hill Dr.

2a. Mailing Address

26 6246 Rolling Hill Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Tallahassee, FL.

City & State

28 Tallahassee, FL.

Zip

24 32308

Country

Zip

29 32308

Country

30 USA

9. Name and Address of Current Registered Agent

ACCURATE FILING & SEARCH
3424-18 OLD ST. AUGUSTINE ROAD
TALLAHASSEE FL 32311

10. Name and Address of New Registered Agent

81 Name Gary A. Harris
82 Street Address (P.O. Box Number is Not Acceptable) 6246 Rolling Hill Dr.
83

84 City Tallahassee

FL

85 Zip Code 32308

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-29-99

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HARRIS, GARY A
STREET ADDRESS C/O 3424-18 OLD ST. AUGUSTINE ROAD
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE STD
NAME HARRIS, BEVERLY
STREET ADDRESS C/O 3424-18 OLD ST. AUGUSTINE ROAD
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE V
NAME YARBROUGH, JOHNNY
STREET ADDRESS P.O. BOX 557 N/A
CITY-ST-ZIP STEINHATCHEE FL 32359

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 6246 Rolling Hill Dr.
1.4 CITY-ST-ZIP Tallahassee, FL. 32308

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 6246 Rolling Hill Dr.
2.4 CITY-ST-ZIP Tallahassee, FL. 32308

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-99

Date

Daytime Phone #

CR2E034 (11/98)