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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000064351 (4)

YOST EXHAUST CLEANING INC.

Principal Place of Business

Mailing Address

FILED Apr 23 1998 8:00am Secretary of State



JACKSONVILLE FL 32220			9247 LANETTE ST. JACKSONVILLE FL 32220				
PHOROGOTHICLE TE DEEED		AUDINOUTHER IT A	SHORDON ILLE 12 SEEZO		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 07/23/1997		
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number Applied For		
21		26			59-3457598. Not Applicati	le	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	_ 1		5. Certificate of Status Desired \$8.75 Additional		
22		27	_ +		Fee Required	4	
City & Stat	е	City & State			6. Election Campaign Financing \$5.00 May Be		
Zip	Country	28 Zip	Count		Trust Fund Contribution LJ Added to Fees	4	
24	25	29	30	у	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
9. Name and Address of Current Registered Age				10. Name and Address of New Registered Agent		\dashv	
YOST, ORAN K				81 Name			
	47 LANETTE ST.			2 2 1 4 1		_	
	ACKSONVILLE FL 32220		82	2 Street Add	dress (P.O. Box Number is Not Acceptable)	ı	
. "			8:	3		\dashv	
	•		L	1 0		_	
			84	City	FL 85 Zip Code	-	
office or r	to the provisions of Sections 607.05 egistered agont, or both, in the Staum familiar with, and accept the obli	te of Florida. Such change wa	is authorized (by the corpora	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered	Ē	
SIGNATURE	Signature typed or printed name of registered a	gent and title if applicable (N	IOTE: Registered A	gent signatura req	quired when reinstating) DATE	٠	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE 'Y	ORANK YOU 8247 LANE JACKSONVIL	S T DELETE	1.1 TATLE		Change Addition	u É	
NAME	COUD LANE	TTE ST	1.2 NAME			2	
STREET ADDRESS	024	16 61 2300	1.3 STREE	T ADDRESS			
CITY-ST-ZIP	VACKSONVIU	LE, FU SULL	1.4 CITY-			_ {	
TITLE		☐ DELETE	2.1 TITLE	İ	☐ Change ☐ Additio	n C	
NAME			2.2 NAME			1	
STREET ADDRESS			2.3 STREE	T ADDRESS			
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NAME			3.2 NAME	1			
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NAME			5.1 TITLE 5.2 NAME		Change Addition	" [
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CITY-ST-ZIP TITLE		DELETE	5.4 CITY - 6.1 TITLE	51-ZIY	☐ Change ☐ Additio	ᅱ	
NAME			6.2 NAME		Committee The Addition		
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			6.3 STREE				
VIII - GI - CII	L		040117	O1-411			

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.