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 # P97000086985 (3)

YARD CHICKS, INC.

FILED Apr 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				- I SOURIOU ANTO OLINE TOUR TOUR TOUR TOUR TOUR TOUR TOUR TOUR		
1657 RIVER RD 1657 RIVER RD JACKSONVILLE FL 32207 JACKSONVILLE FL 32207				DO NOT WRITE IN THIS SPACE		
ł				a. Date Incorporated or Qualified		
				10/06/1997		
2, Principal P	Place of Business	2a. Mailing Address		4 FEI Number	lied For	
21		26		59-348185Z Not	Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.			6. Certificate of Status Desired S8.75 Ac	Iditional		
27		<u> </u>	-W 111 94	Fee Req	uired	
City & State City & State 28			8. Election Campaign Financing \$5.00 N			
Zip	Country	28]	Country	Trust Fund Contribution		
24	25	├─ ┐ `	30	8. This corporation owes or has paid the current year Inter Personal Property Tax due June 30.		
1-41	g. Name and Address of Current		30]	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent		
LEPRELL SAMUEL L 81 Name						
233 E BAY ST, STE 901 BLACKSTONE BLDG			82 Street Addre	ess (P.O. Box Number is Not Acceptable)		
JACKSONVILLE FL 32202			Street Addit	ess (F.O. Box Number is Not Acceptable)		
]			83			
			84 City	85 Zip Co		
			,	FL!!	1	
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						
Granarone	Signature typed or printed name of registered agen	and trie if applicable (NOTE:	Registered Agent signature require	ed when reinstating) DATE		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	Change	Addition	
NAME	BYRES, LAURA		1.2 NAME			
STREET ADDRESS	1657 RIVER RD		1.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONMILLE FL 32207	Distr	1.4 CITY-ST-ZIP			
TITLE	- T	☐ DELETE	2.1 TITLE	Change	L Addition ¹	
NAME ATREET ADDRESS	BYRES, DAVID 1657 RIVER RD	,	2.2 NAME			
STREET ADDRESS	JACKSONVILLE FL 32207		2.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	D	DELETE	2 4 CITY-ST-ZIP 3.1 TITLE	Change	Addition	
NAME	CAVEY, BRUCE		3.2 NAME	L. Crange (ADDRION	
STREET ADDRESS	1657 RIVER RD	•	3.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32207		3.4. CITY-ST-ZIP			
TITLE	D	DELETE	4.1 TITLE	Change	Addition	
NAME	MARSTON, MEADE	_	4. 2 NAME			
STREET ADDRESS	1657 RIVER RD		4.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32207		4.4 CITY - ST-ZIP			
TITLE		DELETE	5.1 TITLE	Change	Addition	
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREET ADDRESS		İ	
CITY-ST-ZIP			54 CITY-ST-ZIP			
TITLE		☐ DELETE	61 TITLE	☐ Change	Addition	
NAME			6.2 NAME		j	
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			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.

SIGNATURE.

904 666 200