

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0008857

PROFIT  
CORPORATION  
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000097876 (1)  
1. Corporation Name

VAUGHNYARD T., INC.

Principal Place of Business

103 FLORIDA AVENUE  
LYNN HAVEN FL 32444

Mailing Address

103 FLORIDA AVENUE  
LYNN HAVEN FL 32444

FILED

98 JUL 29 AM 11:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/17/1997

4. FEI Number

59-3497125

Applied For  
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing



\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

TURNER, BILLY  
103 FLORIDA AVENUE  
LYNN HAVEN FL 32444

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME PITTS, MELODY K  
STREET ADDRESS 468 CAMBRIDGE WAY  
CITY-ST-ZIP MARTINEZ GA 30907

TITLE D ☐ DELETE

NAME WATERS, INA E  
STREET ADDRESS 224 LOOKOUT DRIVE  
CITY-ST-ZIP POLLO BEACH FL 33572

TITLE D ☐ DELETE

NAME TURNER, BILLY  
STREET ADDRESS 103 FLORIDA AVE.  
CITY-ST-ZIP LYNN HAVEN FL 32444

TITLE D ☐ DELETE

NAME KOVACH, CARRIE G  
STREET ADDRESS RT 3 BOX 558  
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition

1.2 NAME 200002608112-13

1.3 STREET ADDRESS -08/05/98-01075-014

1.4 CITY-ST-ZIP \*\*\*\*150.00 \*\*\*\*150.00

2.1 TITLE Vice President ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Vice President ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Secretary - Treasurer ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE D Faye C. VAUGHN ☐ Change ☒ Addition

5.2 NAME 437 Golden Isle DR PHD

5.3 STREET ADDRESS Hallandale, FL 33009

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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)(l), 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:

*[Signature]*

7-20-98

CR2E034 (5/98)

7-20-98

To whom it may concern:

I'm writing in regards to the 1998 Profit Corporation Annual Report. I recently received the 2<sup>nd</sup> notice requesting payment which included a substantial late filer's penalty. I was very surprised to receive this notice due to the fact I had mailed my report with full payment on March 10, 1998. After searching my records, I realized the check I mailed had not cleared the bank.

Normally I would have reconciled my bank statements but my Father, who was under my care, became very ill and died April 27, 1998. As soon as I received the 2<sup>nd</sup> notice, I called your office and spoke to Linda, explaining the situation. She told me to enclose a copy of my check register, bank statement showing where check # 571 did not clear, a payment of the original amount of \$150.<sup>00</sup> and a letter of explanation.

I have enclosed all of the above and included a copy of my Father's death certificate showing that he did indeed pass away in April.

Thank you for your cooperation concerning this matter.

Sincerely, Billy Turner