

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 # P97000097876

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
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90059 019 ***150.00



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
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

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

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

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

TITLE D
NAME VAUGHN, FAYE C
STREET ADDRESS 437 GOLDEN ISLE DR PHD
CITY-ST-ZIP HALLANDALE FL 33009

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P. ☒ Change ☐ Addition
1.2 NAME Melody K. Pitts
1.3 STREET ADDRESS 1365 Fury's Kerry Rd
1.4 CITY-ST-ZIP EVANS, GA. 30809

2.1 TITLE VP ☒ Change ☐ Addition
2.2 NAME INA E Dupree
2.3 STREET ADDRESS 103 71 AVE
2.4 CITY-ST-ZIP LYNN HAVEN, FL 32444

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

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
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)(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: *Billy Turner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-99

850.763.2774

Date

Daytime Phone #

CR2E034 (11/98)