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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P98000068365

Y & Y ASSOCIATES, INC.

Principal Place of Business	Mailing Address
5812 BRADEN RIVER ROAD	5812 BRADEN RIVER ROAD

## May 17, 1999 8:00 am Secretary of State

05-17-1999 90094 030 \*\*\*150.00



**BRADENTON FL 34203** BRADENTON FL 34203 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 08/05/1998 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0871198 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip 8. This corporation owes the current year Intangible □No Personal Property Tax. 30 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name YODER, MARK 82 Street Address (P.O. Box Number is Not Acceptable) **5812 BRADEN RIVER ROAD BRADENTON FL 34203** 83 Zip Code 85 84 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ Addition ☐ DELETE 1.1 TITLE TITLE YODER, MARK 1.2 NAME NAME 5812 BRADEN RIVER ROAD 13 STREET ADDRESS STREET ADDRESS **BRADENTON FL 34203** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition □ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 31 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZiP ☐ Addition 6.1 TITLE DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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

SIGNATURE:

CITY-ST-ZIP

CR2E034 (11/98)