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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90119 006 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000068852

1. Corporation Name
FULLER, YAUN AND BLACK ADVERTISING, INC.

Principal Place of Business
1106D THOMASVILLE RD
TALLAHASSEE FL 32303

Mailing Address
1106D THOMASVILLE RD
TALLAHASSEE FL 32303



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/06/1998

4. FEI Number

59-3533089

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLACK, B E
1903 VINEYARD WAY
TALLAHASSEE FL 32311

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 VD ☐ DELETE
NAME FULLER, DALE E
STREET ADDRESS 311 SWEETBRIAR DR
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE VD ☐ DELETE
NAME YAUN, GLORIA M
STREET ADDRESS RT 1, BOX 203-B
CITY-ST-ZIP MONTICELLO FL 32344

TITLE PTD ☐ DELETE
NAME BLACK, B E
STREET ADDRESS 1903 VINEYARD WAY
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE SD ☒ DELETE
NAME FULLER, DALE E
STREET ADDRESS 311 SWEETBRIAR DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32312

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 VDS ☒ Change ☐ Addition
1.2 NAME FULLER, DALE E.
1.3 STREET ADDRESS 311 SWEET BRIAR DRIVE
1.4 CITY-ST-ZIP TALLAHASSEE, FLA 32312

2.1 TITLE VDC ☒ Change ☐ Addition
2.2 NAME YAUN, GLORIA M.
2.3 STREET ADDRESS RT1, BOX 203-B
2.4 CITY-ST-ZIP MONTICELLO, FL 32344

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99 850-224-5300
Date Daytime Phone #

CR2E034 (11/98)