

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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**95 APR 19 AM 2:34**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # **S07018** (2)

1. Corporation Name  
**CG & YULE, INC.**

Principal Place of Business: **315 FLAGLER AVENUE  
NEW SMYRNA BEACH FL 32109**

Mailing Address: **315 FLAGLER AVENUE  
NEW SMYRNA BEACH FL 32109**

2. Principal Place of Business

2a. Mailing Address

21 Suits, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

25 Zip Country

26 Suits, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

30 Zip Country

3. Date incorporated or Qualified: **10/18/1990**

3a. Date of Last Report: **07/28/1994**

4. FEI Number: **59-3044482**

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 has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOUNSON, SUSAN  
315 FLAGLER AVENUE  
NEW SMYRNA BEACH FL**

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. Each 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, A. FRANK	1.2 NAME	
STREET ADDRESS	1298 WESMAR DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	OTTAWA ONTARIO CANAD	1.4 CITY - ST - ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YULE, ETHEL	2.2 NAME	
STREET ADDRESS	62 ONTARIO ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	THUNDER BAY, ONTARIO	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, KYLE	3.2 NAME	
STREET ADDRESS	1673 BARRINGTON ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	GLOUCESTER, ONTARIO	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YULE, AMY	4.2 NAME	
STREET ADDRESS	62 ONTARIO ST.	4.3 STREET ADDRESS	
CITY - ST - ZIP	THUNDER BAY, ONTARIO	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YULE, JESSIE	5.2 NAME	
STREET ADDRESS	62 ONTARIO ST.	5.3 STREET ADDRESS	
CITY - ST - ZIP	THUNDER BAY, ONTARIO	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, F. EVELYN	6.2 NAME	
STREET ADDRESS	1298 WESMAR DRIVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	OTTAWA ONTARIO CANAD	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(h), 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 to an original report.

SIGNATURE: A.F. Cooper President 6 April 95 6:13 733-2404  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**A.F. COOPER**