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

PROFIT CORPORATION **ANNUAL REPORT**

1998



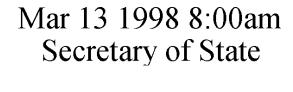
FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

YES OF NORTH FLORIDA, INC.



| | | | | | is hi e ishi ait hi ait hi bhan hat |
|---|--|-------------------------------------|--|--|---|
| 836 PRUDEN SUITE-1208 JACKSONVILI | of Business THAL DRIVE 930 OKLENTAL GARDENS R LE FL 32207 | JACKSONVILLE FL 3220 | 930 ORIENTAL Gardens Rai | DO NOT WRITE IN THE | |
| US | | US | | 3. Date Incorporated or Qualified 01/04/1991 | |
| ⊢ | Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| Suite, Apt. | #, etc. | Suile, Apt. #, etc. | | 59-3054960 | Not Applicable \$8.75 Additional |
| 22 | | 27 | | 5. Certificate of Status Desired | Fee Required |
| City & Stat | 0 | City & State | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation owes or has paid the c | urrent year Intangible |
| 24 | 25 g. Name and Address of Curren | 29 I Registered Agent | 30 | Personal Property Tax due June 30. 10. Name and Address of New Registere: | Yes No |
| AN | ISBACHER, SIDNEY F. ESQ | B | 81 Name | 10. Hame and Addies of Heat Medistries | a want |
| 50 N LAURA ST | | | 82 Street Addre | ess (P.O. Box Number is Not Acceptable) | |
| 3100 BARNETT CTR | | | | sas (r.o. box reuniber is not Acceptable) | |
| JA | CKSONVILLE FL 32202 | | 83 | | · |
| | | | 84 City | F | 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 | Signature, typod or protect harne of registered age | | F Registered Agent signature require | d when reinstating) DATE | |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFICERS AN | |
| NAME | HAYES, BARBARA K (KING) | [_] DELETE | 1.1 TITLE 1.2 NAME | | Change Addition |
| STREET ADDRESS | 930 ORIENTAL GARDENS | | 1.3 STREET ADDRESS | • | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 1.4 CITY-SY-ZIP | | |
| TITLE | | DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 2.2 NAME | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | Co | |
| CITY-S1-ZIP | | DELETE | 2. 4 CITY - ST - ZIP 3.1 TITLE | *************************************** | Change Addition |
| NAME | | Broad William Co. | 3.2 NAME | | Committee C Manufall |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | · |
| CITY-ST-ZIP | | | 3.4. CiTY-ST-ZiP | 10.75 | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | Change Addition |
| NAME STREET ADDOESS | | | 4. 2 NAME | | |
| STREET ADDRESS CITY-ST-ZIP | | | 4.3 STREET ADDRESS | | |
| THILE | | DELFTE | 4.4 CITY-ST-ZIP 5.1 TITLE | *************************************** | Change Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELE1E | 6.1 TITLE | - | ☐ Change ☐ Addition |
| NAME CIPCET ADODESS | | | 6.2 NAME | | |
| STREET ADORESS | | | 6 3 STREET ADDRESS | | |
| 14. I hereby c | certify that the information supplied wi | th this filing does not qualify for | 64 CITY-ST-ZIP or the exemption stated in S | ection 119.07(3)(i), Florida Statutes. I further of | 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 addless.