

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1998.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

95 AUG - 3 AM 11: 04

**DOCUMENT # S64532 (2)**

1. Corporation Name  
**YAWN AND SONS, INC.**

Principal Place of Business Mailing Address  
**1380 E. STORY RD WINTER GARDEN FL 34787 US**  
**P O BOX 772047 WINTER GARDEN FL 34777 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/08/1991** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-3073875** 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 has liability for intangible tax under s. 198.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
**671 E. Myers Blvd P. O. Box 190**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

22. City & State **Mascotte FL** 27. City & State **Mascotte FL**

24. Zip **34753** 25. Country **US** 29. Zip **34753-0190** 30. Country **US**

9. Name and Address of Current Registered Agent  
**ASMA, WILLIAM N.  
 886 SOUTH DILLARD STREET  
 WINTER GARDEN FL 34787**

10. Name and Address of New Registered Agent  
 B1 Name  
 B2 Street Address (P.O. Box Number is Not Acceptable)  
 B3  
 B4 City **FL** B5 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<b>PD</b>
NAME	<b>YAWN, ROYCE L</b>
STREET ADDRESS	<b>1380 E STORY RD.</b>
CITY - ST - ZIP	<b>WINTER GARDEN FL</b>
TITLE	<b>VP</b>
NAME	<b>YAWN, RODNEY L</b>
STREET ADDRESS	<b>1380 E STORY RD.</b>
CITY - ST - ZIP	<b>WINTER GARDEN FL</b>
TITLE	<b>STD</b>
NAME	<b>YAWN, REBA F.</b>
STREET ADDRESS	<b>1380 E STORY RD.</b>
CITY - ST - ZIP	<b>WINTER GARDEN FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>671 E Myers Blvd</b>
1.4 CITY - ST - ZIP	<b>MASCOTTE FL 34753</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>671 E Myers Blvd</b>
2.4 CITY - ST - ZIP	<b>MASCOTTE FL 34753</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>671 E Myers Blvd</b>
3.4 CITY - ST - ZIP	<b>MASCOTTE FL 34753</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 119.07(3)(k), 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.

SIGNATURE: Royce L Yawn **6-8-95** **904-429-9888**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Include Please)

CR2E034 (3/95)