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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

S69224

(1)

M. L. YOUNT BUILDING CONTRACTORS, INC.

Principal Place of Business Mailing Address					II BIBI BIBII DIDII BIBII DIBII DIBII DIDII 1001
1216 NORWOOD AVE CLEARWATER FL 34616 1216 NORWOOD AVE CLEARWATER FL 34616 1216 NORWOOD AVE					
				3. Date Incorporated or Qualified 07/25/1991	3a. Date of Last Report 05/01/1995
Principal Place of Business 2a. Mailing Address			4. FEI Number 65-0283347	Applied For	
21 26 Suite, Apt. #. etc.		26		0070203347	Not Applicable
Suite, Apt. #, etc.		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23	The second second process are second and and a second and an are second as a second and a second a second and	28		Trust Fund Contribution	Added to Fees
Zip (1)	Country	Zip	Country	8. This corporation has liability for	
24	9. Name and Address of Curr	29 ent Registered Agent	30	Florida Statutes Yes 10. Name and Address of New F	S SNo Registered Agent
	3. //a/// a/// // // // // // // // // //		B1 Name	ID. Hame and Addition of Hell 1	,
YOUNT.	MERLIN L		20 0	Address (P.O. Box Number is Not Acceptal	ata
1216 NORWOOD AVE			82 Street /	Address (P.O. Box Number is Not Acceptal	(өк
CLEARWATER FL 34616			83		
			84 City		■■ 85 Zip Code
					FL S A P COOC
SIGNATURE	n, and accept the obligations of, Se Sgrature, typed or printed name of registered ag	eni and tile if applicable. (N	OTE: Registered Agenit signature in	······································	DATE
12.	PD OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
Intf	YOUNT, MERLIN L	☐ DELETE	1. 1 TITLE	·	Change Addition
NAME STREET ADDRESS	1216 NORWOOD AVE		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST ZIP	CLEARWATER FL		1.4 City - ST - ZIP		
THLE		☐ DELETE	2. 1 TITLE		Change Addition
NAME	YOUNT, SCOTT G.		2.2 NAME		
STREET ADDRESS	1216 NORWOOD AVE		2 3 STREET ADDRESS		
CITY - ST - ZIP	CLEARWATER FL	·	2.4 City - St - ZiP		
THILE		☐ DELETE	3. 1 TITLE		☐ Change ☐ Addition
NAME			3 2 NAME		
STHEFT ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4 CITY - S1 - 7IP 4.1 TITLE		☐ Change ☐ Addition
NAME		<u> </u>	4.2 NAME		□ . #. □
STREET ADDRESS			4.3 STREET ADDRESS		
CiTY+S1+ZiP			4.4 CHTY - ST - ZIP		
TITLE	The state of the s	DELETE	5 1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
City-SI-ZIP		Cloure	5.4 CITY - ST - ZIP		
TITLE		DELETE	6 1 TITLE		Change Add tion
NAME CIDECLADDRESS			62 NAME		
STREET ADDRESS O(1Y-S1-ZIP)			63 STREET ADDRESS		
	certify that the information supplie	d with this filing is voluntarily fur	64 CITY-ST-ZIP mished and does not qua	I alify for the exemption stated in Section 119	1.07(3)(k), Florida Statutes, I further
certify that oath; that I	the information indicated on this ar	inual report or supplemental an poration or the receiver or trust	nual report is true and ac ee empowered to execut	courate and that my signature shall have the te this report as required by Chapter 607, F	same legal effect as if made under

SIGNATURE: Mestaria Placent MERLIN L. VOUNT 4-25-96 813-461-933