

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 18 PM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S89432

(6)

1. Corporation Name

YOUNANS & FORD, INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/24/1991** 3a. Date of Last Report **08/02/1994**

4. FEI Number **59-3088201** 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. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address

21 **4310 South Hopkins Avenue**

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

27 City & State

Titusville, Florida

28 Zip

24 Zip **32780**

Country

29 Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FORD, ANN M. & FRANCES B. YOUNANS
4825 KEY LARGO DR.
TITUSVILLE FL 32780

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
4310 South Hopkins Avenue

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **FORD, ANN M.**
STREET ADDRESS **6785 ACKERMAN AVE.**
CITY - ST - ZIP **COCOA FL**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP **32927**

TITLE **D**
NAME **YOUNANS, FRANCES B.**
STREET ADDRESS **5075 CARTER ST.**
CITY - ST - ZIP **COCOA FL**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS **32927**
2.4 CITY - ST - ZIP

TITLE **D**
NAME **FORD, THOMAS M.**
STREET ADDRESS **6785 ACKERMAN AVE.**
CITY - ST - ZIP **COCOA FL**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS **32927**
3.4 CITY - ST - ZIP

TITLE **D**
NAME **YOUNANS, RONALD H.**
STREET ADDRESS **5075 CARTER ST.**
CITY - ST - ZIP **COCOA FL**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS **32927**
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 110.07(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: **Ann M. Ford**

Ann M. Ford

April 14, 1995 407-268-2151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #