

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S89432** (6)

1. Corporation Name

YOUNANS & FORD, INC.

Principal Place of Business

**4310 S. HOPKINS AVE
TITUSVILLE FL 32780
US**

Mailing Address

**POST OFFICE BOX 5857
TITUSVILLE FL 32783-5857**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/24/1991	3a. Date of Last Report 04/18/1995
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FET Number 59-3088201	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐ No \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

**FORD, ANN M. & FRANCES B. YOUNANS
4310 S. HOPKINS AVE.
TITUSVILLE FL 32780**

10. Name and Address of New Registered Agent

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. 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 607.0105, Florida Statutes.

SIGNATURE

Signature typed or printed in Block, followed by the title, if applicable

Signature typed or printed in Block, followed by the title, if applicable

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FORD, ANN M.	1.2 NAME	
STREET ADDRESS	6785 ACKERMAN AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	YOUNANS, FRANCES B.	2.2 NAME	
STREET ADDRESS	5075 CARTER ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	FORD, THOMAS M.	3.2 NAME	
STREET ADDRESS	6785 ACKERMAN AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	YOUNANS, RONALD H.	4.2 NAME	
STREET ADDRESS	5075 CARTER ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **Ann M. Ford, Co-Owner** *Ann M. Ford*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 20, 1996 407-268-2151

CR2E034 (12/95)