

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90026 008 \*\*\*150.00

DOCUMENT # **S89432**

1. Corporation Name  
**YOUMANS & FORD, INC.**

Principal Place of Business

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

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/24/1991**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**FORD, ANN M. & FRANCES B. YOUMANS  
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 607.0501 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

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FORD, ANN M.</b>	
STREET ADDRESS	<b>6785 ACKERMAN AVE.</b>	
CITY-STATE-ZIP	<b>COCOA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>YOUMANS, FRANCES B.</b>	
STREET ADDRESS	<b>5075 CARTER ST.</b>	
CITY-STATE-ZIP	<b>COCOA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FORD, THOMAS M.</b>	
STREET ADDRESS	<b>6785 ACKERMAN AVE.</b>	
CITY-STATE-ZIP	<b>COCOA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>YOUMANS, RONALD H.</b>	
STREET ADDRESS	<b>5075 CARTER ST.</b>	
CITY-STATE-ZIP	<b>COCOA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-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	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 change is, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Ann M. Ford* **ANN M. FORD**

**4/23/99**

Date

**407-268-2151**

Daytime Phone #

CR2E034 (1/98)