

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V04436

1. Corporation Name

YOUNG ONE, INC.

Principal Place of Business

Mailing Address

1201 OAKFIELD DRIVE, #103
BRANDON, FLORIDA 33511

1201 OAKFIELD DRIVE, #104
BRANDON, FLORIDA 33511

3. Date Incorporated or Qualified

12/19/91

3a. Date of Last Report

6/16/95

4. FEI Number

59-3104236

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JAMES S KIMBRELL
1305 SHORELINE DR.
TAMPA, FLORIDA 33605

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 607.1506, 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 if not applicable

(If CFE Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME YOUNG, WILLIAM H.
STREET ADDRESS 502 LISA LANE
CITY-STATE-ZIP BRANDON, FL 33511

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

1. TITLE

12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

2. TITLE

22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

3. TITLE

32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

4. TITLE

42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

5. TITLE

52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

6. TITLE

62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

☐ Change ☐ Addition

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***225.00

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 19.07(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 Book 12 or Book 13, changed, or on an attachment with an address.

SIGNATURE:

William H. Young
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96

813-654-7977

Date

Deputy Phone #

CR2E034 (12/95)