

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
ADD
FILED

95 MAY 1 11 1:55

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # **VO9960**

(8)

1. Corporation Name

THE YARD GROUP INCORPORATED

Principal Place of Business

Mailing Address

**607 W. MARTIN LUTHER KING JR., BLVD.
SUITE 102
TAMPA FL 33603**

**607 W. MARTIN LUTHER KING JR., BLVD.
SUITE 102
TAMPA FL 33603**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/27/1992	3a. Date of Last Report 07/26/1994
4. FEI Number 59-3168819	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
7. This Corporation has notice the franchise fee under § 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. State	28. State
24. County	29. County
25. Zip	30. Zip

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JURDNE, WILBER
2502 NORTH ROCKY POINT DR.
SUITE 745
TAMPA FL 33607**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	

11. Pursuant to the provisions of Sections 607.0503 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 607.0503, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Designated Agent)

(Signature of Agent or Designated Agent)

(Signature of Agent or Designated Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME	PD WATSON, PATRICK 6538 STONINGTON DR. TAMPA FL	13.1 NAME	☐ Change ☐ Addition
12.2 STREET ADDRESS		13.2 STREET ADDRESS	
12.3 CITY, ST, ZIP		13.3 CITY, ST, ZIP	
12.4 NAME	S WATSON, PATRICK 6538 STONINGTON DR. TAMPA FL	13.4 NAME	☐ Change ☐ Addition
12.5 STREET ADDRESS		13.5 STREET ADDRESS	
12.6 CITY, ST, ZIP		13.6 CITY, ST, ZIP	
12.7 NAME	V LATORTUE, ROSE MAY T. 6538 STONINGTON DR. TAMPA FL	13.7 NAME	☐ Change ☐ Addition
12.8 STREET ADDRESS		13.8 STREET ADDRESS	
12.9 CITY, ST, ZIP		13.9 CITY, ST, ZIP	
12.10 NAME		13.10 NAME	☐ Change ☐ Addition
12.11 STREET ADDRESS		13.11 STREET ADDRESS	
12.12 CITY, ST, ZIP		13.12 CITY, ST, ZIP	
12.13 NAME		13.13 NAME	☐ Change ☐ Addition
12.14 STREET ADDRESS		13.14 STREET ADDRESS	
12.15 CITY, ST, ZIP		13.15 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(1)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and correct 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 manager or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 1A, if typed, or as an attachment with an address.

SIGNATURE:

Patrick G. Watson
PATRICK G. WATSON
Signature and Typed or Printed Name of Signing Officer or Director

4/27/95 813 238-2095
Date