

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
AND
FILED

95 MAY -1 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V63358

(8)

1. Corporation Name

YOERG AND ASSOCIATES, INC.

Principal Place of Business

2175 MARINER BLVD.
SPRING HILL FL 34609

Mailing Address

2175 MARINER BLVD.
SPRING HILL FL 34609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/08/1992

3a. Date of Last Report

04/27/1994

4. FEI Number

59-3154921

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

9. Name and Address of Current Registered Agent

YOERG, GERALD W.
3267 FLAMINGO BLVD.
HERNANDO BEACH FL 34607

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 607.0503, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Registered Agent and Principal Officer

Signature of Registered Agent or Registered Agent and Principal Officer

Signature of Registered Agent or Registered Agent and Principal Officer

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME
YOERG, GERALD
STREET ADDRESS
3267 FLAMINGO BLVD.
CITY, STATE, ZIP
HERNANDO BEACH FL 34607

NAME
YOERG, MINNIE J
STREET ADDRESS
3267 FLAMINGO BLVD.
CITY, STATE, ZIP
HERNANDO BEACH FL

NAME
STREET ADDRESS
CITY, STATE, ZIP

NAME
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CITY, STATE, ZIP

NAME
STREET ADDRESS
CITY, STATE, ZIP

1. NAME ☐ Change ☐ Addition

2. NAME ☐ Change ☐ Addition

3. NAME ☐ Change ☐ Addition

4. NAME ☐ Change ☐ Addition

5. NAME ☐ Change ☐ Addition

6. NAME ☐ Change ☐ Addition

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13. NAME ☐ Change ☐ Addition

14. NAME ☐ Change ☐ Addition

15. NAME ☐ Change ☐ Addition

16. NAME ☐ Change ☐ Addition

17. NAME ☐ Change ☐ Addition

18. NAME ☐ Change ☐ Addition

19. NAME ☐ Change ☐ Addition

20. NAME ☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this Report, voluntarily furnished and true and correct for the exemption stated in Section 199.032 (5)(c), Florida Statutes. Further, I certify that the information made available 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 as for such. That I am an officer or director of the corporation or the member or trustee empowered to execute this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 of this Report or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GERALD W. YOERG

5/1/95

904 616 6617