

## 2022 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: 00627323
Filing Number: 2204264463370
Filing Date/Time: 04/26/2022 09:08 AM
Effective Date/Time: 04/26/2022 09:08 AM

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J. P. YANCEY REALTY COMPANY, INCORPORATED

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OFFCR

JOHN P YANCEY 417 PIN OAK RD NEWPORT NEWS, VA 23601-0000 DUE DATE: 04/30/22

SCC ID NO.: 0062732-3

5. TOTAL NUMBER OF AUTHORIZED

SHARES: 1,000

3. CITY OR COUNTY OF VA REGISTERED OFFICE: 700-NEWPORT NEWS CITY

4. STATE OR COUNTRY OF INCORPORATION: VA-Virginia

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

Mark this box if address shown below is correct	If the block to the left is blank or contains incorrect data please add or correct the address below.
ADDRESS: 423 PIN OAK RD	ADDRESS:
CITY/ST/ZIP NEWPORT NEWS, VA 23601-0000	CITY/ST/ZIP

7. DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

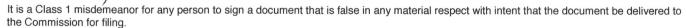
Mark appropriate box unless area below is blank:
Information is correct Information is incorrect Delete information

OFFICER DIRECTOR INFORMATION DELETED DELE

I affirm that the information contained in this report is accurate and complete as of the date below.

SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT PRINTED NAME AND CORPORATE TITLE

4/22/2022 DATE





## **2022 ANNUAL REPORT CONTINUED**

**CORPORATION NAME:** 

J. P. YANCEY REALTY COMPANY, INCORPORATED

DUE DATE: 04/30/22

SCC ID NO.: 0062732-3

All directors and principal officers must be listed.

7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)	An individual may be designated as both a director and an officer.			
Mark appropriate box unless area below is blank:	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:  Correction Addition Replacement			
☐ Information is correct ☐ Information is incorrect ☐ Delete information				
OFFICER X DIRECTOR X	OFFICER   DIRECTOR			
NAME: NICOLE G YANCEY	NAME:			
TITLE: Secretary	TITLE:			
ADDRESS: 417 PIN OAK RD	ADDRESS:			
CITY/ST/ZIP: NEWPORT NEWS, VA 23601-0000	CITY/ST/ZIP:			
Mark appropriate box unless area below is blank:	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:			
☐ Information is correct ☐ Information is incorrect ☐ Delete information	☐ Correction ☐ Addition ☐ Replacement			
OFFICER   DIRECTOR	OFFICER   DIRECTOR			
NAME:	NAME:			
TITLE:	TITLE:			
ADDRESS:	ADDRESS:			
CITY/ST/ZIP:	CITY/ST/ZIP:			
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OFFICER DIRECTOR NAME: TITLE: ADDRESS: CITY/ST/ZIP:  Mark appropriate box unless area below is blank:	DIRECTOR DIRECTOR NAME:  TITLE:  ADDRESS:  CITY/ST/ZIP:  If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:			
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