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FILED
Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 487648 (8)

1. Corporation Name
EVERGREEN OF FLORIDA, INC.



Principal Place of Business

306 S 9TH (WINTER GARDEN .FL 32787)
P O BOX 813
WINDERMERE FL 34786
US

Mailing Address

306 S 9TH (WINTER GARDEN .FL 32787)
P O BOX 813
WINDERMERE FL 34786-0813
US

2. Principal Place of Business

21 288 S. 9th
Suite, Apt. #, etc

2a. Mailing Address

26 P.O. Box 813
Suite, Apt. #, etc

22 City & State

23 Winter Garden FL

27 City & State

28 WINDERMERE, Fla

24 34777
Zip

Country

25 Orange

29 34786
Zip

Country

30 ORANGE

9. Name and Address of Current Registered Agent

SMITH, W. KELLY
255 S. ORANGE AVE
ORLANDO FL 32801

3. Date Incorporated or Qualified

10/14/1975

3a. Date of Last Report

04/24/1996

4. FEI Number

59-1631138

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

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 607.0505, 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	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PST	JACKSON, T. GLENN, JR.	626 SECOND AVE.	WINDERMERE FL	<input type="checkbox"/>
D	JACKSON, T. GLENN, JR.	626 SECOND AVE.	WINDERMERE FL	<input type="checkbox"/>
VST	JACKSON, V.W.(ASST S&T)	626 SECOND AVENUE	WINDERMERE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

4. I do 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 changed, or on an attachment with an address.

SIGNATURE: T. GLENN JACKSON JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/97 (407)877-3339

Daytime Phone #

0464508

CR2E034 (9/96)