

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

CORPORATION  
ANNUAL REPORT  
1995



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

**\*FILED\***  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 FEB -7 PM 2: 31

DOCUMENT # **L36589** (4)  
1. Corporation Name:  
**EVERGREEN NATIONAL CORPORATION**

Principal Place of Business Mailing Address  
**C/O C T CORPORATION** **C/O C T CORPORATION**  
**1200 S PINE ISLAND ROAD** **1200 S PINE ISLAND ROAD**  
**PLANTATION FL 33324** **PLANTATION FL 33324**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/13/1989</b>	3a. Date of Last Report <b>02/23/1994</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0169217</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
22	City & State	27	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>CT CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>				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: \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PSC</b>	1.1 TITLE	<b>PSCD</b>
NAME	<b>PLASTER, ROBERT W.</b>	12 NAME	<b>PLASTER, ROBERT W.</b>
STREET ADDRESS	<b>307 OCEAN BLVD</b>	13 STREET ADDRESS	<b>307 Ocean Blvd.</b>
CITY- ST- ZIP	<b>GOLDEN BEACH FL</b>	14 CITY- ST- ZIP	<b>Golden Beach, FL</b>
TITLE	<b>V</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEIS, LARRY</b>	22 NAME	
STREET ADDRESS	<b>1700 SOUTH JEFFERSON</b>	23 STREET ADDRESS	
CITY- ST- ZIP	<b>LEBANON MO</b>	24 CITY- ST- ZIP	
TITLE	<b>V</b>	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VANDERHOEF, GWEN</b>	32 NAME	
STREET ADDRESS	<b>1700 SOUTH JEFFERSON</b>	33 STREET ADDRESS	
CITY- ST- ZIP	<b>LEBANON MO</b>	34 CITY- ST- ZIP	
TITLE	<b>AS</b>	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOOVER, LYNN C</b>	42 NAME	
STREET ADDRESS	<b>2420 PERSHING ROAD</b>	43 STREET ADDRESS	
CITY- ST- ZIP	<b>KANSAS CITY MO</b>	44 CITY- ST- ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY- ST- ZIP		54 CITY- ST- ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY- ST- ZIP		64 CITY- ST- ZIP	

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 199.07(3)(b), 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 resignor or holder empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE: Lynn C. Hoover 1/31/95 (816) 221-0355  
SIGNATURE AND TYPE ON PRINTED NAME OF DIRECTOR OR OFFICER OR DIRECTOR  
**Lynn C. Hoover, Assistant Secretary**