

DOCUMENT # L36589

1. Entity Name

EVERGREEN NATIONAL CORPORATION

FILED
Sep 05, 2000 8:00 am
Secretary of State

09-05-2000 90027 026 ***550.00

Principal Place of Business

C/O C T CORPORATION
1200 S PINE ISLAND ROAD
PLANTATION FL 33324

Mailing Address

C/O C T CORPORATION
1200 S PINE ISLAND ROAD
PLANTATION FL 33324

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0169217

Applied For

Not Applicable

5. Certificate of Status Desired

Not checked

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

Checked box

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

Not checked

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11-

TITLE: PSCD
NAME: PLASTER, ROBERT W.
STREET ADDRESS: 307 OCEAN BLVD
CITY-ST-ZIP: GOLDEN BEACH FL 33160

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: V
NAME: WEIS, LARRY
STREET ADDRESS: 1700 SOUTH JEFFERSON
CITY-ST-ZIP: LEBANON MO 65536

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: V
NAME: VANDERHOEF, GWEN
STREET ADDRESS: 1700 SOUTH JEFFERSON
CITY-ST-ZIP: LEBANON MO 65536

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: AS
NAME: HOOVER, LYNN C
STREET ADDRESS: 2420 PERSHING ROAD, SUITE 400
CITY-ST-ZIP: KANSAS CITY MO 64108

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/00
Date

(417) 533-3007
Daytime Phone #

CR2E034 (5/00)