

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 14 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L94422 (7)**  
 1. Corporation Name  
**DON EVANS AUTO SALES, INC.**



Principal Place of Business <b>1831 CASSAT AVENUE JACKSONVILLE FL 32210</b>	Mailing Address <b>1831 CASSAT AVENUE JACKSONVILLE FL 32210-1663</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>08/20/1990</b>	3a. Date of Last Report <b>05/01/1996</b>
21. State, Apt #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-3030514</b>	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. Zip	28. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Country	25. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>EVANS, DONALD L. 1831 CASSAT AVENUE JACKSONVILLE FL 32210</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. City	<b>FL</b> 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 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
	<b>D</b> <b>EVANS, DONALD L.</b> <b>5581 HYDE PARK CIRCLE</b> <b>JACKSONVILLE FL</b>	1.2 NAME	
	<b>D</b> <b>EVANS, DEBORAH L.</b> <b>5581 HYDE PARK CIRCLE</b> <b>JACKSONVILLE FL</b>	1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
		2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. 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:** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/96)