SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 24 AM 8:43

DOCUMENT # **P93000068843 (0)**

1. Corporation Name

COLEVANS, INC.

Principal Place of Business	Mailing Address
4060 WEBBER ST SARASOTA FL 34232 US	4060 WEBBER ST SARASOTA FL 34232 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/27/1993**
3a. Date of Last Report: **06/01/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26: 5862 Dove Ave.
Suite, Apt. #, etc — 22:
Suite, Apt. #, etc — 27: Sarasota FL.
City & State — 23:
City & State — 28: 34241 U.S.
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **65-0448387** ☐ 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

9. Name and Address of Current Registered Agent

LEE, H. GREG
2014 FOURTH ST
SARASOTA FL 34237

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 _____ DATE
(Signature of President or Vice President of Registered Agent (if Registered Agent is a corporation)) (NOTE: Registered Agent's signature required when name changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	P	☒ Change ☐ Addition
NAME	EVANS, MICHAEL J	12 NAME	Evans, Michael J	
STREET ADDRESS	5862 DOVE AVE	13 STREET ADDRESS	5862 Dove Ave	
CITY ST ZIP	SARASOTA FL 34241	14 CITY ST ZIP	Sarasota FL. 34241	
TITLE	D	21 TITLE	V	☒ Change ☐ Addition
NAME	COLE, WILLIAM M	22 NAME	Cole, William M	
STREET ADDRESS	513 HAND AVE	23 STREET ADDRESS	4060 Webber ST.	
CITY ST ZIP	SARASOTA FL 34232	24 CITY ST ZIP	Sarasota FL. 34232	
TITLE		31 TITLE	S	☐ Change ☒ Addition
NAME		32 NAME	Lacy, Laura N	
STREET ADDRESS		33 STREET ADDRESS	825 Ponderosa Pine Ln.	
CITY ST ZIP		34 CITY ST ZIP	Sarasota FL. 34243	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

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 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 the 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: _____ Michael J. Evans 7-17-95 941-924-4196
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0164836 FP