FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P93000068843 (0)

1. Corporation Name
COLEVANS, INC.

Principal Place of Business
4060 WEBBER ST
SARASOTA FL 34232
US

Mailing Address
5862 DOVE AVE
SARASOTA FL 34291
US

3. Date Incorporated or Qualified: 09/27/1993
3a. Date of Last Report: 07/24/1995

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

2. Principal Place of Business
21 5862 Dove Ave
Suite, Apt #, etc.
22
City & State
23 Sarasota FL.
Zip
24 34241
Country
25 U.S.A.

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip
29
Country
30

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
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	P	☐ DELETE
NAME	EVANS, MICHAEL J	
STREET ADDRESS	5862 DOVE AVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	V	☐ DELETE
NAME	COLE, WILLIAM M	
STREET ADDRESS	513 HAND AVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	S	☐ DELETE
NAME	LACY, LAURA N	
STREET ADDRESS	825 PONDEEROSA PINE LANE	
CITY-ST-ZIP	SARASOTA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Vice President	☒ Change ☐ Addition
2.2 NAME	Lacy, Laura N	
2.3 STREET ADDRESS	825 Ponderosa Pine Lane	
2.4 CITY-ST-ZIP	Sarasota FL. 34243	
3.1 TITLE	Secretary	☒ Change ☐ Addition
3.2 NAME	Cole, William M.	
3.3 STREET ADDRESS	513 Hand Ave.	
3.4 CITY-ST-ZIP	Sarasota FL. 34232	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 119.07(3)(k), 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: Michael J. Evans — 1-23-96 — 941-924-9196
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)