

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995**FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAY -1 AM 8:46

DOCUMENT # P94000062450 (9)

1. Corporation Name

EVERGREEN ENTRY SYSTEMS, INC.

Principal Place of Business

Mailing Address

**ONE N DALE MABRY, SUITE 940
TAMPA FL 33609****ONE N DALE MABRY, SUITE 940
TAMPA FL 33609**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

08/23/1994

4. FEI Number

59-3262791

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐**\$5.00 May Be
Added to Fees**

Trust Fund Contribution

☐8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

**CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301**

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**D
ORSINO, PHILIP S
4120 YOUNG STREET, #402
WILLOWDALE ONTARIO CANADA**11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY ST ZIP
**S
ULSTER, HARLEY
#402-4120 YONGE STREET
NORTH YORK, ONTARIO, CANADA**21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY ST ZIP
**T
TUBBESING, ROBERT V
#402, 4120 YONGE STREET
NORTH YORK, ONTARIO, CANADA**31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY ST ZIP41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY ST ZIP51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY ST ZIP61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Typed Name