FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
98 APR 28 AM 11:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

[redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000062450

1. Corporation Name
EVERGREEN ENTRY SYSTEMS, INC.

Principal Place of Business	Mailing Address
One N. Dale Mabry Suite 940 Tampa, FL 33609	HOLLAND & KNIGHT / ATTN: KATHLEEN WHEELER 400 NORTH ASHLEY #2300 / P.O. BOX 1288 TAMPA FL 33601-1288

3. Date Incorporated or Qualified: 08/23/94

2. Principal Place of Business	2a. Mailing Address
21	26 Holland & Knight LLP Attn: Kathleen Wheeler
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 400 N. Ashley #2300/ P.O. Box 1288
City & State 23	City & State 28 Tampa, FL
Zip / Country 24 / 25	Zip / Country 29 33601-1288 / 30 USA

4. FEI Number: 59-3262791 — 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301	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, 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	D ☐ DELETE	1.1 TITLE	V ☐ Change ☒ Addition
NAME	ORSINO, PHILIP S.	1.2 NAME	MacIsaac, Steve
STREET ADDRESS	1600 BRITANNIA RD. E.	1.3 STREET ADDRESS	One N. Dale Mabry, Suite 950
CITY-ST-ZIP	MISSISAUGA ONT L4W1J2	1.4 CITY-ST-ZIP	Tampa, FL 33609
TITLE	T ☐ DELETE	2.1 TITLE	P ☐ Change ☒ Addition
NAME	TUBBESING, ROBERT V.	2.2 NAME	Cox, Steven R.
STREET ADDRESS	1600 BRITANNIA RD. E.	2.3 STREET ADDRESS	1600 Britannia Rd. E.
CITY-ST-ZIP	MISSISAUGA ONT L4W1J2	2.4 CITY-ST-ZIP	Mississauga ONT L4W1J2
TITLE	☐ DELETE	3.1 TITLE	S ☐ Change ☒ Addition
NAME		3.2 NAME	Ulster, Harley
STREET ADDRESS		3.3 STREET ADDRESS	1600 Britannia Rd. E.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Mississauga ONT L4W1J2
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	400002508254--2
STREET ADDRESS		4.3 STREET ADDRESS	-05/01/98--01101--015
CITY-ST-ZIP		4.4 CITY-ST-ZIP	****150.00 ****150.00
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	SL 4-28-98
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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.