

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sarah H. McMillan
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

50 MAY -1 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000088328 (7)**

1. Corporation Name
EVMAR, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **5220 BURNING TREE CIRCLE STUART FL 34497**
 Mailing Address: **5220 BURNING TREE CIRCLE STUART FL 34497**

3. Date Incorporated or Qualified: **12/06/1994** 3a. Date of Last Report: **12/06/1994**

4. FEI Number: **65-0840679** Applied For: 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** 2a. Mailing Address: **26**

State: **22** State: **27**

City & State: **23** City & State: **28**

Zip: **24** Country: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent: **AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent:

81 Name: **Wm. W. Evans**

82 Street Address (P.O. Box Number is Not Acceptable): **5220 BURNING TREE CIRCLE**

83

84 City: **STUART** FL 85 Zip Code: **34997**

11. Pursuant to the provisions of Sections 607.01(1) and 607.0109, 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 Sections 607.01(1), Florida Statutes.

SIGNATURE: *Wm W Evans* Date: **4/29/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICER	P EVANS, WILLIAM W 5220 BURNING TREE CIRCLE STUART FL 34497	1. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, WILLIAM W	2. NAME	
STREET ADDRESS	5220 BURNING TREE CIRCLE	3. STREET ADDRESS	
CITY, STATE, ZIP	STUART FL 34497	4. CITY, STATE, ZIP	
OFFICER	V.P. + SECRETARY MARIE I. EVANS SAME	5. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIE I. EVANS	6. NAME	
STREET ADDRESS	SAME	7. STREET ADDRESS	
CITY, STATE, ZIP	SAME	8. CITY, STATE, ZIP	
OFFICER		9. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, STATE, ZIP		12. CITY, STATE, ZIP	
OFFICER		13. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, STATE, ZIP		16. CITY, STATE, ZIP	
OFFICER		17. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, STATE, ZIP		20. CITY, STATE, ZIP	

14. I hereby certify that the information supplied on this filing is substantially true and correct and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the registered agent or officer authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of the report as a registered agent with an address.

SIGNATURE: *Wm W Evans* Date: **4/29/95** 407-283-2667

Wm W. Evans Title: **SECRETARY**

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REGISTRATION
APPROVAL REQUIRED



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
32399-0001

1995

DOCUMENT # **P94000088593 (6)**

BEACHPORT TRANSPORTATION, INC.

APPROVED
DATE: 4/29/95
TALLAHASSEE, FLORIDA

Principal Place of Business: **6TH STREET & Highway 27 MOORE HAVEN FL 33471**
Mailing Address: ~~6TH STREET & Highway 27 MOORE HAVEN FL 33471~~ **P.O. Box 2772 HALLANDALE, FL. 33008-2772**

2. Principal Place of Business: **21 6th Street and Highway 27** State Apt # etc: **22**
26. Mailing Address: **26 P. O. Box 2772** State Apt # etc: **27**
23. City & State: **23 Moore HAVEN FL 33471** Country: **25 USA**
28. City & State: **28 HALLANDALE FL 33008** Country: **30 BROWARD**

3. Date incorporated or organized: **12/05/1994** 3a. Date of Last Report: **12/05/1994**
4. FFL Number: **65-0563745** Applied Fee: **Not Applicable**
5. Certificate of State Debit: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
7. The corporation has liability for intangible tax under 5-199-032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **KULLMAN, JARED J 1910 S. STATE ROAD 7 MIRAMAR FL 33023**
10. Name and Address of New Registered Agent: **County, FL WA**
81. Name: **Jared J. Kullman**
82. Street Address (P.O. Box Number is Not Acceptable): **1910 S. STATE ROAD 7**
83. City: **MIRAMAR**
84. City: **MIRAMAR** 85. Zip Code: **FL 33023**

11. Pursuant to the provisions of Sections 607.02(3) and 607.1208, 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 607.1208, Florida Statutes.
SIGNATURE: *Jared J. Kullman* DATE: **4/29/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHARACTERS TO OFFICERS AND DIRECTORS (4-1)	
TITLE		1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS EDWARD	2. NAME	
STREET ADDRESS	1302 S. 17TH AVENUE	3. STREET ADDRESS	
CITY & STATE	HOLLYWOOD FL 33020	4. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, KATHLEEN	6. NAME	
STREET ADDRESS	1302 S. 17TH AVENUE	7. STREET ADDRESS	
CITY & STATE	HOLLYWOOD FL 33020	8. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY & STATE		12. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY & STATE		16. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that I have the authority to file this report as required by Chapter 607, Florida Statutes. I further certify that the information indicated on the 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 and that my name is included in the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 of Block 11 of this report, or on my appointment with an address.
SIGNATURE: *Kathleen Thomas* **KATHLEEN THOMAS** DATE: **4/29/95** TELEPHONE: **800-929-6838**

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ANNUAL REPORT
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FLORIDA DEPARTMENT OF STATE
Jeffrey B. Murphree
Secretary of State
TALLAHASSEE, FLORIDA 32399-0001

APR 11 1995
FILED

DOCUMENT # **P94000089128 (0)**

95 MAY 11 10:05

WHITLEY & ASSOCIATES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office Location: **11767 S.W. 1ST ST CORAL SPRINGS FL 33071**
Mailing Address: **11767 S.W. 1ST ST. CORAL SPRINGS FL 33071**

DO NOT WRITE IN THIS SPACE

2. Date incorporated or Qualified 12/08/1994		3a. Date of Last Report N.A.	
21. Filing Department 21		4. FEI Number 65-0540892	
22. State Apt # etc. 22		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State 23		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip 24		25. County 25	
26. Mailing Address 26		27. State Apt # etc. 27	
28. City & State 28		29. Zip 29	
30. Country 30		7. This corporation has liability for intangible tax under § 198.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent CORPORATION INFORMATION SERVICES INC. 1201 HAYS ST. TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent 81 Name: CHARLES WHITLEY 82 Street Address (P.O. Box Number is Not Acceptable) 83 11767 SW 1st St. 84 City: CORAL SPRINGS FL 85 Zip/Code: 33071			
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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: Charles Whitley Vice President DATE: 4-30-95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE P	1. NAME WHITLEY, MARY	1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2. STREET ADDRESS 11767 S.W. 1ST ST.	2. STREET ADDRESS 11767 S.W. 1ST ST.	2. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3. CITY & STATE CORAL SPRINGS FL 33071	3. CITY & STATE CORAL SPRINGS, FL. 33071	3. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4. TITLE VP	4. NAME CHARLES WHITLEY	4. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5. STREET ADDRESS 11767 S.W. 1ST ST.	5. STREET ADDRESS 11767 S.W. 1ST ST.	5. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6. CITY & STATE CORAL SPRINGS, FL. 33071	6. CITY & STATE CORAL SPRINGS, FL. 33071	6. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
7. TITLE	7. NAME	7. TITLE	
8. STREET ADDRESS	8. STREET ADDRESS	8. TITLE	
9. CITY & STATE	9. CITY & STATE	9. TITLE	
10. TITLE	10. NAME	10. TITLE	
11. STREET ADDRESS	11. STREET ADDRESS	11. TITLE	
12. CITY & STATE	12. CITY & STATE	12. TITLE	
13. TITLE	13. NAME	13. TITLE	
14. STREET ADDRESS	14. STREET ADDRESS	14. TITLE	
15. CITY & STATE	15. CITY & STATE	15. TITLE	

14. I do hereby certify that the information supplied with this filing is substantially truthful and does not qualify for the exemption stated in Section 190.03(6), Florida Statutes. I further certify that the information submitted 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 liquidator as indicated by statute. This report is required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: Charles Whitley Vice President DATE: 4-30-95 (305) 344-5035
SIGNATURE AND TYPED OR PRINTED NAME OF BOOTH OR OFFICER OR DIRECTOR: CHARLES WHITLEY