FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED
AND
FILED

95 MAY -1 PM 1:37

LEGISLATIVE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000091479 (3)**

1. Corporate Name

DAVID W. EVANS, P.A.

Principal Place of Business	Mailing Address
22816 MARKHAM PLACE BOCA RATON FL 33428	22816 MARKHAM PLACE BOCA RATON FL 33428

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/19/1994**

3a. Date of Last Report:

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): County (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): County (30)

4. FEI Number: 65-0541330 ☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

EVANS, DAVID W
22816 MARKHAM WAY
BOCA RATON FL 33428

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 Section 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
1 TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
1 NAME	EVANS, DAVID W	1.2 NAME	
1 STREET ADDRESS	22816 MARKHAM WAY	1.3 STREET ADDRESS	
1 CITY ST ZIP	BOCA RATON FL 33428	1.4 CITY ST ZIP	
2 TITLE		2.1 TITLE	☐ Change ☐ Addition
2 NAME		2.2 NAME	
2 STREET ADDRESS		2.3 STREET ADDRESS	
2 CITY ST ZIP		2.4 CITY ST ZIP	
3 TITLE		3.1 TITLE	☐ Change ☐ Addition
3 NAME		3.2 NAME	
3 STREET ADDRESS		3.3 STREET ADDRESS	
3 CITY ST ZIP		3.4 CITY ST ZIP	
4 TITLE		4.1 TITLE	☐ Change ☐ Addition
4 NAME		4.2 NAME	
4 STREET ADDRESS		4.3 STREET ADDRESS	
4 CITY ST ZIP		4.4 CITY ST ZIP	
5 TITLE		5.1 TITLE	☐ Change ☐ Addition
5 NAME		5.2 NAME	
5 STREET ADDRESS		5.3 STREET ADDRESS	
5 CITY ST ZIP		5.4 CITY ST ZIP	
6 TITLE		6.1 TITLE	☐ Change ☐ Addition
6 NAME		6.2 NAME	
6 STREET ADDRESS		6.3 STREET ADDRESS	
6 CITY ST ZIP		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)(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 above and/or on any attachment with an address.

SIGNATURE: David W. Evans 5-1-95 (407)479-0459

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

DAVID W. EVANS

0001014 FP