

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000052726 (3)**

1. Corporation Name:  
**EVANS PETROLEUM SERVICES, INC.**



Principal Place of Business: **14301 S.W. 41ST STREET MIRAMAR FL 33027**  
Mailing Address: **14301 S.W. 41ST STREET MIRAMAR FL 33027**

3. Date Incorporated or Qualified: **07/10/1995** 3a. Date of Last Report: **New - 7-10-95**  
4. FEI Number: **65-0592293** 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. **2501 W. 80th Street**  
22. **Bay #1**  
23. **Hialeah, FL**  
24. **33016**  
25. **USA**  
2a. Mailing Address:  
26. **2501 W. 80th Street**  
27. **Bay #1**  
28. **Hialeah, FL**  
29. **33016**  
30. **USA**

9. Name and Address of Current Registered Agent:  
**EVANS, WILLIAM S JR.  
14301 S.W. 41ST STREET  
MIRAMAR FL 33027**

10. Name and Address of New Registered Agent:  
81. Name: **EVANS, William S. JR.**  
82. Street Address (P.O. Box Number is Not Acceptable): **2501 W. 80th Street**  
83. **Bay #1**  
84. City: **Hialeah** FL 85. Zip Code: **33016**

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 female/wife, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

1. TITLE	<b>D</b>	<input type="checkbox"/> DELETE
2. NAME	<b>EVANS, WILLIAM S JR.</b>	
3. STREET ADDRESS	<b>14301 S.W. 41ST STREET</b>	
4. CITY-STATE-ZIP	<b>MIRAMAR FL 33027</b>	
5. TITLE		<input type="checkbox"/> DELETE
6. NAME		
7. STREET ADDRESS		
8. CITY-STATE-ZIP		
9. TITLE		<input type="checkbox"/> DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	<b>EVANS, William S. JR.</b>	
3. STREET ADDRESS	<b>2501 W. 80th Street</b>	
4. CITY-STATE-ZIP	<b>Hialeah, FL 33016</b>	
5. TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME	<b>EVANS, William S. SR.</b>	
7. STREET ADDRESS	<b>2501 W. 80th Street</b>	
8. CITY-STATE-ZIP	<b>Hialeah, FL 33016</b>	
9. TITLE	<b>S/T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
10. NAME	<b>EVANS, Kimberly A.</b>	
11. STREET ADDRESS	<b>2501 W. 80th Street</b>	
12. CITY-STATE-ZIP	<b>Hialeah, FL 33016</b>	
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-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: *William S. Evans Sr.* **William S. EVANS SR.** 1-19-96 305-819-5030  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)