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PROFIT CORPORATION ANNUAL REPORT

1998

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La Company



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S54959

(9)

EVANS EQUIPMENT COMPANY

FILED Jan 15 1998 8:00am Secretary of State

CR2E034 (10/97

Principal Place of Business Mailing Address 2617 PEMBERTON DRIVE 2617 PEMBERTON DRIVE APOPKA FL 32703 APOPKA FL 32703 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qual-fied 05/23/1991 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For Not Applicable 59-3067236 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Žφ Country Zip Country 8. This corporation owes or has paid the current year Intangible ☐ No 24 25 29 30 Personal Property Tax due June 30. ___ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 Name CHEN, LARRY 7712 BROOKWAY STREET Street Address (P.O. Box Number is Not Acceptable) APOPKA FL 32703 83 84 Zip Codo 08, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered cuch change was authorized by the corporation's board of directors. Thereby accept the appointment as registered epion 607.0505, Florida Statutes. 11. Pursuant to the provisions of ons 607.0502 and 607 office or registered agent agent. I am familiar with Registered Agent signal are required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PTD DELETE Change Addition TITLE 1.1 THE CHEN, LARRY NAME 1.2 NAME 2617 PEMBERTON DRIVE STREET ADDRESS 1.3 STREET ADORESS apopka fl 1.4 CITY - \$1 - ZIP CITY-ST-ZIP 🔲 ÖLLETE 2.1 TITLE Change Addition TITLE NAME CHEN, WEI 2.2 NAME 2617 PEMBERTON DRIVE STREET ADDRESS 2.3 STREET ADDRESS APOPKA FL CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE Addition Change TITLE 3.1.11b.E NAME 3.2 NAME STREET ADORESS 3.3 STREET ADORESS CITY-ST-ZIP 3.4. CITY-ST- ZIP DELETE ☐ Change IncitibbA 🔲 TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-S1-7IP DELETE Change Addition TITLE 5.1 HHE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-7/P DETETE Change Addition TITLE 61 TITLE NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CiTY-S1-ZIF

14. Thereby certify that the information supplied with this filling does not quality by the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental applied to true and a curate and that my signature shall have the same legal effect as if made under eath, 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 13 if changed, or on an altagramment with an address

1/8/10 40/25