

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P00400

1. Entity Name

EVANS REALTY, INC. OF ALABAMA



Principal Place of Business

729 E. GLEN AVENUE
AUBURN, AL 36830

Mailing Address

729 E. GLEN AVENUE
PO BOX 427
AUBURN, AL 36830



01212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

63-0586641

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	EVANS, J.E.
STREET ADDRESS	626 OGLETREE RD.
CITY-ST-ZIP	AUBURN, AL
TITLE	STD
NAME	EVANS, PATRICIA J.
STREET ADDRESS	626 OGLETREE RD.
CITY-ST-ZIP	AUBURN, AL
TITLE	AV
NAME	DRINKARD, CYDNEY
STREET ADDRESS	1256 PEACHTREE CIRCLE
CITY-ST-ZIP	AUBURN, AL
TITLE	D
NAME	CHRISTINE, LAURIE E
STREET ADDRESS	2374 LIME ROCK ROAD
CITY-ST-ZIP	BIRMINGHAM, AL 35216
TITLE	D
NAME	EVANS, JEFFREY J.
STREET ADDRESS	444 E UNIVERSITY DRIVE
CITY-ST-ZIP	AUBURN, AL
TITLE	D
NAME	PETERSON, DALE E
STREET ADDRESS	321 HIGHWAY 98 E
CITY-ST-ZIP	DESTIN, FL 32541

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04/05/04-80013-009 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/04
Date

334-821-7078
Daytime Phone #