

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000120093

**Entity Name:** FORNELL-EVANS CORP

**Current Principal Place of Business:**

7691 SW ELLIPSE WAY  
STUART, FL 34997

**FILED**  
**Apr 18, 2013**  
**Secretary of State**  
**CC3636145004**

**Current Mailing Address:**

445 SW SEAFLOWER TERRACE  
PORT ST LUCIE, FL 34984

**FEI Number: 26-1360845**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

FORNELL, GAIL D  
445 SW SEAFLOWER TERRACE  
PORT ST LUCIE, FL 34984 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name FORNELL, JOSE L  
Address 445 SW SEAFLOWER TERRACE  
City-State-Zip: PORT ST LUCIE FL 34984

Title VP  
Name FORNELL, GAIL D  
Address 445 SW SEAFLOWER TERRACE  
City-State-Zip: PORT ST LUCIE FL 34984

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: GAIL FORNELL**

**VICE PRESIDENT**

**04/18/2013**

Electronic Signature of Signing Officer/Director Detail

Date