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Mar 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 261801

(5)

1. Corporation Name
EVERS WAREHOUSE INC

Principal Place of Business

5055 US HWY 1
P.O. BOX 490186
GRANT FL 32949

Mailing Address

5055 US HWY 1
P.O. BOX 490186
GRANT FL 32949-2002



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/14/1982	3a. Date of Last Report 01/29/1996
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number 59-1011445	Applied For Not Applicable
25. Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
29. Suite, Apt. #, etc.	30. City & State	31. Zip	32. Country	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

ENGLUND, EVELYN
5055 U.S. HWY 1
GRANT FL 32949

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
			FL	

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent's signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE	PSD	13.1 TITLE	
12.2 NAME	ENGLUND, EVELYN	13.2 NAME	
12.3 STREET ADDRESS	5055 U.S. HWY 1	13.3 STREET ADDRESS	
12.4 CITY - ST - ZIP	GRANT FL	13.4 CITY - ST - ZIP	
12.5 TITLE		13.5 TITLE	
12.6 NAME		13.6 NAME	
12.7 STREET ADDRESS		13.7 STREET ADDRESS	
12.8 CITY - ST - ZIP		13.8 CITY - ST - ZIP	
12.9 TITLE		13.9 TITLE	
12.10 NAME		13.10 NAME	
12.11 STREET ADDRESS		13.11 STREET ADDRESS	
12.12 CITY - ST - ZIP		13.12 CITY - ST - ZIP	
12.13 TITLE		13.13 TITLE	
12.14 NAME		13.14 NAME	
12.15 STREET ADDRESS		13.15 STREET ADDRESS	
12.16 CITY - ST - ZIP		13.16 CITY - ST - ZIP	
12.17 TITLE		13.17 TITLE	
12.18 NAME		13.18 NAME	
12.19 STREET ADDRESS		13.19 STREET ADDRESS	
12.20 CITY - ST - ZIP		13.20 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address.

SIGNATURE: *Evelyn Englund* EVELYN ENGLUND 407-951-9016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # (720)

CR2E034 (9/96)