


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 15 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **337515** (1)
1. Corporation Name
EVANS GAS, INCORPORATED



DO NOT WRITE IN THIS SPACE

| | | | |
|---|--|--|--|
| Principal Place of Business 3170 HORSESHOE DR S NAPLES FL 33942 US | | Mailing Address P.O. BOX 856 NAPLES FL 33939 US | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. | | 2a. Mailing Address 26 Suite, Apt. #, etc. | |
| 22 City & State | | 27 City & State | |
| 23 Zip | | 28 Country | |
| 24 | | 25 | |
| 29 | | 30 | |
| 9. Name and Address of Current Registered Agent EVANS, DUVAL 5300 SOUTHWEST 14TH STREET NAPLES FL 33999 | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code | |

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| | | | |
|----------------------------|--------------------|---|--|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | PD | 1.1 TITLE | |
| NAME | EVANS, DUVAL | 1.2 NAME | |
| STREET ADDRESS | 5300 S.W. 14TH AVE | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | NAPLES FL | 1.4 CITY - ST - ZIP | |
| TITLE | ST | 2.1 TITLE | |
| NAME | EVANS, LOIS MARIE | 2.2 NAME | |
| STREET ADDRESS | 5300 S.W. 14TH AVE | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | NAPLES FL | 2.4 CITY - ST - ZIP | |
| TITLE | VP | 3.1 TITLE | |
| NAME | JOHNSON, PETER | 3.2 NAME | |
| STREET ADDRESS | 1029 6TH LANE N | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | NAPLES FL | 3.4 CITY - ST - ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

14. I 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:

Duval Evans
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0442002

CR2E034 (10/97)