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FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90044 005 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 369790

1. Corporation Name

EVELYN F. NEVILLE, INC.

Principal Place of Business

**DRAWER 3327
VERO BEACH FL 32964**

Mailing Address

**DRAWER 3327
VERO BEACH FL 32964**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1970

4. FEI Number

59-1305492

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. **It Any** ☒ Yes ☐ No

2. Principal Place of Business

21 2233-35 Fourteenth Ave

Suite, Apt. #, etc.

22

City & State

23 Vero Beach, FL

Zip

24 32960

Country

25 U.S.A.

2a. Mailing Address

26 Drawer 3327

Suite, Apt. #, etc.

27

City & State

28 Vero Beach, FL

Zip

29 32964

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

**NEVILLE, EVELYN F
2235 FOURTEENTH AVENUE
VERO BCH FL 32960**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **NEVILLE, EVELYN F**

STREET ADDRESS **2235 FOURTEENTH AVENUE**

CITY-ST-ZIP **VERO BCH FL**

TITLE **AST** ☐ DELETE

NAME **DEKOLD, RICHARD S**

STREET ADDRESS **2237 FOURTEENTH AVENUE**

CITY-ST-ZIP **VERO BCH, FL 00000**

TITLE **S** ☐ DELETE

NAME **STEWART, WILLIAM J**

STREET ADDRESS **3355 OCEAN DRIVE**

CITY-ST-ZIP **VERO BCH, FL 00000**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

Evelyn F. Neville **Evelyn F. Neville** 1-23-99 - 561-529-2877

CR2E034 (11/98)