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**Secretary of State** 

03-01-1999 90251 001 \*\*\*211.25

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**EROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 434730**

EVANS RANCH CO., INC.

Principal Place of Business Mailing Address 15407 EVANS RANCH ROAD 15407 EVANS RANCH ROAD LAKELAND FL 33809 LAKELAND FL 33809 DO NOT WRITE IN THIS SPACE US US 3. Date Incorporated or Qualifed 09/11/1973 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 59-1503878 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required-22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country Zip Zip This corporation owes the current year Intangible □No 24 25 29 30 Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name EVANS, WILLIAM E 82 Street Address (P.O. Box Number is Not Acceptable) 15407 EVANS RANCH ROAD LAKELAND FL 33809 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) 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. TITLE DELETE 1.1 TILE Change EVANS, WILLIAM E 12 NAME NAME 15407 EVANS RANCH ROAD STREET ADDRESS 1.3 STREET ADDRESS LAKELAND FL 1.4 CITY-ST-ZIP CITY-ST-ZIF Addition DELETE Change TITLE 2.1 TITLE EVANS, JULIE P NAME 2.2 NAME 15407 EVANS RANCH ROAD 2.3 STREET ADDRESS STREET ADDRESS LAKELAND FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP ☐ DELETE 3.1 TITLE ☐ Change ☐ Addition TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE ☐ Change 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

29/99 941-859-6646

CR2E034 (11/98)