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Apr 22 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 # 487648 (8)
1. Corporation Name
EVERGREEN OF FLORIDA, INC.



Principal Place of Business: 306 S 9TH (WINTER GARDEN .FL 32787) P O BOX 813 WINDERMERE FL 34786 US
Mailing Address: 306 S 9TH (WINTER GARDEN .FL 32787) P O BOX 813 WINDERMERE FL 34786-0813 US

3. Date Incorporated or Qualified: 10/14/1975
3a. Date of Last Report: 04/24/1996

2. Principal Place of Business: 21 288 S 9B
2a. Mailing Address: 26 P.O. Box 813
22 Suite, Apt #, etc
27 Suite, Apt #, etc
23 City & State: Winter Garden Fl
28 City & State: WINDERMERE, Fla
24 Zip: 34777 Country: Orange
25 Orange
29 Zip: 34786 Country: ORANGE
30 ORANGE

4. FEI Number: 59-1631138 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
SMITH, W. KELLY
255 S. ORANGE AVE
ORLANDO FL 32801

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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

TITLE	PST	DELETED
NAME	JACKSON, T. GLENN, JR.	
STREET ADDRESS	626 SECOND AVE.	
CITY- ST- ZIP	WINDERMERE FL	
TITLE	D	DELETED
NAME	JACKSON, T. GLENN, JR.	
STREET ADDRESS	626 SECOND AVE.	
CITY- ST- ZIP	WINDERMERE FL	
TITLE	VST	DELETED
NAME	JACKSON, V.W.(ASST S&T)	
STREET ADDRESS	626 SECOND AVENUE	
CITY- ST- ZIP	WINDERMERE FL	
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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		

4. 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: T. Glenn Jackson Jr. 4/16/97 (407)877-3339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)