FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **551642** (2)

1. Corporate Name

EVENSEN'S PAINTING & MAINTENANCE, INC.

Principal Place of Business	Mailing Address
603 E SHORE DRIVE P.O. BOX 964 OLDSMAR FL 34677-4303	603 E SHORE DRIVE P.O. BOX 964 OLDSMAR FL 34677-4303

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/21/1977
3a. Date of Last Report: 06/28/1994
4. FEI Number: 59-1782571 — 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

	2. Principal Place of Business		2a. Mailing Address
21	603 E. Shore Drive	26	P.O. Box 964
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State: Oldsmar. FL.	28	City & State: Oldsmar FL.
24	Zip: 34677	29	Zip: 34677
25	Country: USA.	30	Country: U.S.A.

9. Name and Address of Current Registered Agent

KENNETH EVENSEN
603 E SHORE DRIVE
OLDSMAR FL 33557

10. Name and Address of New Registered Agent

81 Name: KEVIN EVENSEN
82 Street Address (P.O. Box Number is Not Acceptable): 111 Edgewood Ct.
83
84 City: Oldsmar. FL 85 Zip Code: 34677

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: Kevin Evensen President — 4/26/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	TITLE	VICE PRESIDENT ☐ Change ☒ Addition
NAME	EVENSEN, KENNETH	NAME	RONNIE DAVIS
STREET ADDRESS	603 E SHORE DRIVE	STREET ADDRESS	40110 U.S. 19. N [redacted]
CITY-ST-ZIP	OLDSMAR FL	CITY-ST-ZIP	Tarpon Spring. 34689.
TITLE	SD	TITLE	President ☒ Change ☒ Addition
NAME	EVENSEN, LINDA P.	NAME	KEVIN EVENSEN
STREET ADDRESS	603 E SHORE DRIVE	STREET ADDRESS	111 Edgewood Ct.
CITY-ST-ZIP	OLDSMAR FL	CITY-ST-ZIP	Oldsmar FL. 34677
TITLE		TITLE	VICE PRESIDENT. ☐ Change ☒ Addition
NAME		NAME	DAVID Sholtz
STREET ADDRESS		STREET ADDRESS	1630 Sedeeva St.
CITY-ST-ZIP		CITY-ST-ZIP	Clearwater Fl. 34615
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(n), Florida Statutes. I further certify that the information indicated on the 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: 4/26/95 (813) 855-6050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Kevin Evensen — President

0440830 FP