

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -8 PM 3: 27

DOCUMENT # **613714** (5)

1. Corporation Name
EVA-TONE SOUNDSHEETS, INC.

Principal Place of Business Mailing Address
4001 ULMERTON ROAD CLEARWATER FL 34622

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/21/1979** 3a. Date of Last Report **04/18/1994**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **59-1901786** Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EVANS, R.EVAN
4801 ULMERTON ROAD
CLEARWATER FL 33706

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PDM**
NAME **EVANS, R. EVAN**
STREET ADDRESS **2803 BLUFFS DR**
CITY-ST-ZIP **LARGO, FL 00000 34640**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VDM**
NAME **EVANS, LUELLA**
STREET ADDRESS **2803 BLUFFS DR**
CITY-ST-ZIP **LARGO, FL 00000 34640**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **SDM**
NAME **EVANS, MARK**
STREET ADDRESS **9502 120TH ST N**
CITY-ST-ZIP **SEMINOLE, FL 00000 34642**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **YDM**
NAME **WELCH, NORMAN**
STREET ADDRESS **2857 SWEETGUM WAY S.**
CITY-ST-ZIP **CLEARWATER FL**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **DM**
NAME **EVANS, KIM**
STREET ADDRESS **2078 SWAN LANE**
CITY-ST-ZIP **SAFETY HARBOR FL**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **DM**
NAME **EVANS, CARL**
STREET ADDRESS **2052 W. VINA DEL MAR**
CITY-ST-ZIP **ST PETERSBURG BCH. FL**

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 110.07(3)(k), 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:

Mark W. Evans
MARK W. EVANS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/95

DATE

813-572-7000

Daytime Phone #