

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **613714** (5)

1. Corporation Name  
**EVA-TONE SOUNDSHEETS, INC.**



Principal Place of Business: **4801 ULMERTON ROAD CLEARWATER FL 34622**  
Mailing Address: **4801 ULMERTON ROAD CLEARWATER FL 34622**

3. Date Incorporated or Qualified: **03/21/1979**  
3a. Date of Last Report: **03/08/1995**  
4. FEI Number: **59-1901786**  
Applied For:  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: 21, 22, 23  
2a. Mailing Address: 26, 27, 28, 29, 30  
Suite, Apt. #, etc.: 22  
City & State: 23  
Country: 25  
Zip: 29

**9. Name and Address of Current Registered Agent**

**EVANS, R.EVAN  
4801 ULMERTON ROAD  
CLEARWATER FL 33706**

**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 the date of signature: \_\_\_\_\_  
Date: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	<b>PDM</b>	<input type="checkbox"/> DELETE
NAME	<b>EVANS, R. EVAN</b>	
STREET ADDRESS	<b>2803 BLUFFS DR</b>	
CITY - ST - ZIP	<b>LARGO, FL 00000</b>	
TITLE	<b>VDM</b>	<input type="checkbox"/> DELETE
NAME	<b>EVANS, LUELLA</b>	
STREET ADDRESS	<b>2803 BLUFFS DR</b>	
CITY - ST - ZIP	<b>LARGO, FL 00000</b>	
TITLE	<b>SOM</b>	<input type="checkbox"/> DELETE
NAME	<b>EVANS, MARK</b>	
STREET ADDRESS	<b>9502 120TH ST N</b>	
CITY - ST - ZIP	<b>SEMINOLE, FL 00000</b>	
TITLE	<b>TOM</b>	<input type="checkbox"/> DELETE
NAME	<b>WELCH, NORMAN</b>	
STREET ADDRESS	<b>2957 SWEETGUM WAY S.</b>	
CITY - ST - ZIP	<b>CLEARWATER FL</b>	
TITLE	<b>DM</b>	<input type="checkbox"/> DELETE
NAME	<b>EVANS, KIM</b>	
STREET ADDRESS	<b>2078 SWAN LANE</b>	
CITY - ST - ZIP	<b>SAFETY HARBOR FL</b>	
TITLE	<b>DM</b>	<input type="checkbox"/> DELETE
NAME	<b>EVANS, CARL</b>	
STREET ADDRESS	<b>2852 W. VINA DEL MAR</b>	
CITY - ST - ZIP	<b>ST PETERSBURG BCH. FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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(5)(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** 1/29/96 813-572-7000  
Signature typed or printed name of signing officer or director: **MARK W. EVANS**  
Date: **1/29/96**  
E-File Phone #

CR2E034 (12/95)