

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90015 018 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 613714

1. Corporation Name
EVA-TONE, INC.

Principal Place of Business 4801 ULMERTON ROAD CLEARWATER FL 34622	Mailing Address 4801 ULMERTON ROAD CLEARWATER FL 34622
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	29
25	30

3. Date Incorporated or Qualified 03/21/1979	
4. FEI Number 59-1901786	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CDM <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, R. EVAN	1.2 NAME	
STREET ADDRESS	2803 BLUFFS DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VDM <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, LUELLA	2.2 NAME	
STREET ADDRESS	2803 BLUFFS DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO, FL 00000	2.4 CITY-ST-ZIP	
TITLE	SDM <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, MARK	3.2 NAME	
STREET ADDRESS	9502 120TH ST N	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE, FL 00000	3.4 CITY-ST-ZIP	
TITLE	PTDM <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELCH, NORMAN	4.2 NAME	
STREET ADDRESS	2957 SWEETGUM WAY S.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	
TITLE	DM <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, KIM	5.2 NAME	
STREET ADDRESS	8594 CR 623	5.3 STREET ADDRESS	
CITY-ST-ZIP	BUSHNELL FL	5.4 CITY-ST-ZIP	
TITLE	DM <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, CARL	6.2 NAME	
STREET ADDRESS	2852 W. VINA DEL MAR	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG BCH. FL	6.4 CITY-ST-ZIP	

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.

SIGNATURE: Mark W. Evans **MARK W. EVANS** **JAN 11, 1999** **727-572-7000**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)