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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 637414

EVANS LAND COMPANY

Principal Place of Business Mailing Address 2957 W. STATE RD. 434, SUITE 300 P. O. BOX 915182 P.O. BOX 915182 P.O. BOX 915182 DO NOT WRITE IN THIS SPACE LONGWOOD FL 32791 LONGWOOD FL 32791 3. Date Incorporated or Qualifed 09/25/1979 4. FEI Number 2a. Mailing Address Applied For 2. Principal Place of Business 59-1937898 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country Ζip Country Zip 8. This corporation owes the current year Intangible □ No Personal Property Tax. 30 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name OSWALD, KENNETH F., ESQ. 82 Street Address (P.O. Box Number is Not Acceptable) 600 COURTLAND STREET, S-110 ORLANDO FL 32804 83 Zip Code 84 City 85 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 ☐ Change □ Addition DELETE 1.1 TITLE TITLE EVANS, LAURA M 12 NAME NAME 2957 W SR 434 STE 300 STREET ADDRESS 1.3 STREET ADDRESS LONGWOOD FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 2.1 TITLE TITLE EVANS, JERRY C. 2.2 NAME NAME 2957 W SR 434 STE 300 2.3 STREET ADDRESS STREET ADDRES LONGWOOD FL 32779 2.4 CITY-ST-ZIP CITY+ST-ZIP Addition DELETE 3.1 TITLE ☐ Change TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

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, attachment with an address, with all other like empowered

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

3 Ji

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

April 1, 1999 401/869. 1533

CR2E034 (11/98)

Addition

Change

FILED

Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90088 002 ***150.00