DOCUMENT # A94000000127

1. Entity Name

THE VIRGINIA H. EVANS FAMILY LIMITED PARTNERSHIP

FILED

00 JUN 28 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
8163 GREEN GLADE ROAD JACKSONVILLE FL 32256	8163 GREEN GLADE ROAD JACKSONVILLE FL 32256-7303

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3223457 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
EVANS, LEE M 8163 GREEN GLADE ROAD JACKSONVILLE FL 32256	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. Capital Contributions as Shown on record. $2,000,000.00

10. Amount of Capital Contributions in FLORIDA to date. 1,648,498.00

11. MAKE CHECK PAYABLE TO DEPT OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	13. ADDRESS CHANGES ONLY
DOCUMENT #	STREET ADDRESS
NAME: EVANS, VIRGINIA H ~~DELETE~~	CITY-ST-ZIP
STREET ADDRESS: 435 CHESTNUT STREET	
CITY-ST-ZIP: MEADVILLE (CRAWFORD COUNTY) PA 16335	
DOCUMENT #	STREET ADDRESS
NAME: EVANS, LEE M	CITY-ST-ZIP: 700003313907--5 07/05/00--00013--017 ****526.25 ****526.25
STREET ADDRESS: 8163 GREEN GLADE ROAD	
CITY-ST-ZIP: JACKSONVILLE FL 32256	
DOCUMENT #	STREET ADDRESS
NAME: EVANS, ROBERT H	CITY-ST-ZIP
STREET ADDRESS: 18 HICKORY HILL LANE	
CITY-ST-ZIP: FISHERVILLE, VA 22939	
DOCUMENT #	STREET ADDRESS
NAME	CITY-ST-ZIP
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	CITY-ST-ZIP
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CITY-ST-ZIP	
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NAME	CITY-ST-ZIP
STREET ADDRESS	
CITY-ST-ZIP	

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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: X Lee M Evans 4-5-00 904-361-3655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #