

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 28 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00005 (1)

1. Corporation Name

VIRGINIA EVANS & ASSOCIATES, INC.

Principal Place of Business

141 AVENIDA MESSINA 6020 S. TAMAMI TR
SARASOTA FL 34242 Sarasota FL
34231

Mailing Address

141 AVENIDA MESSINA
SARASOTA FL 34242
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/02/1980

3a. Date of Last Report

04/29/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

4. FEI Number

59-2055107

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

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Suite, Apt. #, etc.

2a. Mailing Address

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Added to Fees

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

9. Name and Address of Current Registered Agent

STRODE, WILLIAM C., ESQ.
1819 MAIN STREET, STE. #1100
SARASOTA FL 34238

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 title if applicable

(If title: Registered Agent signature required when re-statuting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

EVANS, VIRGINIA L

STREET ADDRESS

6020 S. TAMAMI TRAIL

CITY, ST, ZIP

SARASOTA FL

1. TITLE

1.1 NAME

1.2 STREET ADDRESS

1.3 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

SD

NAME

EVANS, JILL

STREET ADDRESS

6020 S. TAMAMI TRAIL

CITY, ST, ZIP

SARASOTA FL

2. TITLE

2.1 NAME

2.2 STREET ADDRESS

2.3 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

3. TITLE

3.1 NAME

3.2 STREET ADDRESS

3.3 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

4. TITLE

4.1 NAME

4.2 STREET ADDRESS

4.3 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

5. TITLE

5.1 NAME

5.2 STREET ADDRESS

5.3 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

6. TITLE

6.1 NAME

6.2 STREET ADDRESS

6.3 CITY, ST, ZIP

☐ Change ☐ Addition

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(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 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VIRGINIA EVANS

3/12/95

813 347-9559