

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 # F40854

1. Corporation Name

EVEREST CORPORATION

Principal Place of Business

**3228 SW MARTIN DOWNS BLVD., STE 1
PALM CITY FL 34990
US**

Mailing Address

**PO BOX 1768
PALM CITY FL 34991-6768
US**

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90085 005 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/18/1981

4. FEI Number

59-2134657

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 191 S.W. Monterey Rd.

Suite, Apt. #, etc.

22

City & State

23 Stuart, FL

Zip

24 34994

Country

25 Martin

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**ROGER D. STAKE
2423 SW MURPHY ROAD
PALM CITY FL 34990**

10. Name and Address of New Registered Agent

81 Name Ray Arbree

**82 Street Address (P.O. Box Number is Not Acceptable)
191 S.W. Monterey Rd.**

83

84 City Stuart

FL

**85 Zip Code
34990**

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

Ray Arbree, Pres.

3/15/99

Signature, typed or printed name of registered agent and title if any.

NOTE: Registered Agent signature required when translating.

DATE

12. OFFICERS AND DIRECTORS

TITLE **TDS** ☐ DELETE
NAME **STAKE, ROGER D**
STREET ADDRESS **2423 SW MURPHY RD.**
CITY-ST-ZIP **PALM CITY FL**

TITLE **PD** ☐ DELETE
NAME **ARBREE, RAY**
STREET ADDRESS **18862 LOBLOLLY PINE CT.**
CITY-ST-ZIP **JUPITER FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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:

Ray Arbree, Pres

3/15/99

561-223-1661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)