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FILED

Jan 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F41865 (9)

1. Corporation Name
EVANS & SCARBORO INSURANCE, INC.

Principal Place of Business

1310 N. MAIN STREET, SUITE 101
PO BOX 421119
KISSIMMEE FL 34742-8119

Mailing Address

1310 N. MAIN STREET, SUITE 101
PO BOX 421119
KISSIMMEE FL 34742-8119

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/18/1981

4. FEI Number

59-2115515

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 221 Ruby Ave

26 Suite, Apt. #, etc.

22 Suite A

27 City & State

23 Kissimmee

28 Zip

24 Country

29 Country

25

30

9. Name and Address of Current Registered Agent

EVANS, BILL E.
500 WILL BARBER ROAD
KISSIMMEE FL 34744

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

Bill E. Evans
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/13/98
DATE

12. OFFICERS AND DIRECTORS

T ☐ DELETE

NAME EVANS, MARK E.
STREET ADDRESS 500 WILL BARBER ROAD
CITY - ST - ZIP KISSIMMEE FL

DP ☐ DELETE

NAME EVANS, BILL E
STREET ADDRESS 500 WILLBARBER RD
CITY - ST - ZIP KISSIMMEE, FL 00000

☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE:

Bill E. Evans
Signature, typed or printed name of registered agent and title if applicable.

1/13/98 1-407-846-6421

CR2E034 (10/97)