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Apr 26, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F81494**

1. Corporation Name
EVANGELINE'S, INC.



Principal Place of Business
 10473 DEERFOOT LANE, NORTH JACKSONVILLE FL 32257-1042

Mailing Address
 10473 DEERFOOT LANE, NORTH JACKSONVILLE FL 32257-1042

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/17/1982

4. FEI Number
59-2207063

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHORT, FREDERICK R. JR.
3733 UNIVERSITY BLVD. WEST, SUITE 106
JACKSONVILLE FL 32216

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE PD
 NAME SOLOMON, EVANGELINE B
 STREET ADDRESS 10473 DEERFOOT LANE, NO.
 CITY-ST-ZIP JACKSONVILLE FL

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

TITLE VT
 NAME SOLOMON, JAMES MONROE
 STREET ADDRESS 10473 DEERFOOT LANE, NO.
 CITY-ST-ZIP JACKSONVILLE FL

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

61 TITLE
 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

Evangeline Solomon
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/99
 Date

(609) 260-0905
 Daytime Phone #

CR2E034 (1/98)