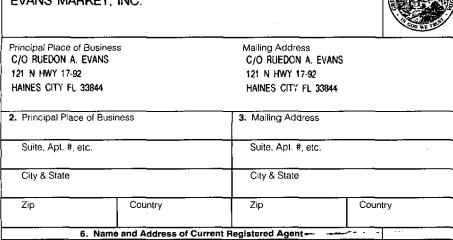
TION FILED (UBR) Apr 24, 2003 8

Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90162 034 ***150.00

1. Entity Name

EVANS MARKET, INC.



| | Suite, Apt. #, e | ic. | ☐ CHECK HERE IF MAKING CHANGES | | | |
|------------------------|------------------------|--------------|---|--------------------------------|--|--|
| | City & State | · - | 4. FEI Number 59-2509937 | Applied For | | |
| | | <u></u> | 09-2009907 | Not Applicable | | |
| Country | Zip | Country | | \$8.75 Additional Fee Required | | |
| ime and Address of Cui | rent Registered Agent- | | 7. Name and Address of New Registered | Agent | | |
| | | Name | | | | |
| A. 2 | | Street Addre | ess (P.O. Box Number is Not Acceptable) | | | |
| • | | | | | | |
| | | City | FL | Zip Code | | |

| EVANS, RUEDON A. 121 N HWY 17-92 HAINES CITY FL | | | Street Address (P.O. Box Number is Not Acceptable) City Zip Code | | | | |
|--|---|----------|--|---|---------------|------------|--|
| | named entity submits this statement for the purpions of registered ages. X X X X X X X X X X X X X X X X X X X | and | gistered office or regi | istered agent, or both, in the State of Florida. Take \mathcal{A} | | and accept | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State | | f), | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. | | | |
| 10. | OFFICERS AND DIRECTO | DRS | 11. | ADDITIONS/CHANGES TO OFFICERS A | AND DIRECTORS | 3 IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST EVANS, ETOYLE 121 N HWY 17-92 HAINES CITY FL | ☐ Delete | NAME STREET ADDRESS CITY-ST-ZIP | | Change | ☐ Addition | |
| TITLE NAME STREET AODRESS CITY-ST-ZIP | P EVANS, RUEDON A 121 N HWY 17-92 HAINES CITY FL 33844 | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ساد درد در د | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | Addition | |
| TITLE | | ☐ Delete | TITLE | 1/9 | ☐ Change | Addition | |

12. 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 or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

4/17/03

Daytime Phone #

☐ Change

Addition

CR2E034 (10/02)