

**PROFIT  
CORPORATION  
ANNUAL REPORT**  
2000

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

**FILED**  
**Jun 03, 2000 8:00 am**  
**Secretary of State**

06-03-2000 90002 032 \*\*\*150.00

**DOCUMENT # H 49513**

1. Corporation Name

**M. EVANS MACHINERY COMPANY, INC.**

Principal Place of Business

Mailing Address

17949 W. SR. 50

17949 W. SR. 50

P.O. BOX 340

P.O. BOX 340

KILLARNEY, FL. 34740-7340 KILLARNEY, FL.  
34740

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

03/28/1985

4. FEI Number 265-13-1935  
26-5131935

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00** May Be  
Added to Fees8. 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.

22 City &amp; State

27 City &amp; State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

 EVANS, MICHAEL S.  
 10909 BRONSON ROAD  
 CLERMONT, FL., 34711

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

 TITLE ☐ DELETE  
 NAME PD  
 STREET ADDRESS MICHAEL S. EVANS  
 CITY-ST-ZIP 10909 BRONSON ROAD  
 CLERMONT, FL. 34711

 1.1 TITLE ☐ Change ☐ Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

 TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 2.1 TITLE ☐ Change ☐ Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

 TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 3.1 TITLE ☐ Change ☐ Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

 TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 4.1 TITLE ☐ Change ☐ Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

 TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 5.1 TITLE ☐ Change ☐ Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

 TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR 1034 (7-1-99)