FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY 10 PM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H90788** **(1)**

1. Current Name
LAWRENCE W. EVANS & CO., INC.

Principal Place of Business
P. O. BOX 25789
SARASOTA FL 34239
US

Mailing Address
P. O. BOX 25789
SARASOTA FL 34277-2789
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/19/1985**
3a. Date of Last Report: **02/23/1994**

2. Principal Office Address
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip 24 | County 25

Zip 29 | County 30

4. FEI Number: **06-1115122** ☐ 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 has liability for intangibles tax under S. 199.032, Florida Statutes. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

EVANS, LAWRENCE W.
1747 HAWTHORNE ST.
SARASOTA FL 34239

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
1. TITLE	DPS	1. TITLE	☐ Change ☐ Addition
1. NAME	EVANS, LAWRENCE W.	1. NAME	
1. STREET ADDRESS	1747 HAWTHORNE ST.	1. STREET ADDRESS	
1. CITY-ST-ZIP	SARASOTA FL	1. CITY-ST-ZIP	
2. TITLE		2. TITLE	☐ Change ☐ Addition
2. NAME		2. NAME	
2. STREET ADDRESS		2. STREET ADDRESS	
2. CITY-ST-ZIP		2. CITY-ST-ZIP	
3. TITLE		3. TITLE	☐ Change ☐ Addition
3. NAME		3. NAME	
3. STREET ADDRESS		3. STREET ADDRESS	
3. CITY-ST-ZIP		3. CITY-ST-ZIP	
4. TITLE		4. TITLE	☐ Change ☐ Addition
4. NAME		4. NAME	
4. STREET ADDRESS		4. STREET ADDRESS	
4. CITY-ST-ZIP		4. CITY-ST-ZIP	
5. TITLE		5. TITLE	☐ Change ☐ Addition
5. NAME		5. NAME	
5. STREET ADDRESS		5. STREET ADDRESS	
5. CITY-ST-ZIP		5. CITY-ST-ZIP	
6. TITLE		6. TITLE	☐ Change ☐ Addition
6. NAME		6. NAME	
6. STREET ADDRESS		6. STREET ADDRESS	
6. CITY-ST-ZIP		6. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 1 or Block 11 changed or added hereon with an address.

SIGNATURE: Lawrence W. Evans LAWRENCE W. EVANS, PRES. 5/4/95 813-951-6467
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0455002 FP