

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 AM 8:46

DOCUMENT # H96588 (9)

1. Corporation Name

CARRAZANA-EVANS INVESTMENTS, INC.

Principal Place of Business

**3348 CURRY FORD RD.
ORLANDO FL 32806**

Mailing Address

**3348 CURRY FORD RD.
ORLANDO FL 32806**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/26/1985

3a. Date of Last Report

03/29/1994

4. FEI Number

59-2670028

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 intangible tax under S. 194(3),
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARRAZANA, JOSE
5000 DORETTA CT
ORLANDO FL 32806**

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 607.0602 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer 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 607.0605, Florida Statutes.

SIGNATURE

(Signature) Signature (printed name) of registered agent and the corporation

(Print) Registered Agent (signature) and after recording

12. OFFICERS AND DIRECTORS

13. ADDITIONAL NAMES TO OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

**D
EVANS, ROBERT A.
6800 W LIVINGSTON ST
ORLANDO FL**

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

**DP
CARRAZANA, JOSE
5000 DORETTA COURT
ORLANDO FL**

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY ST ZIP

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CITY ST ZIP

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY ST ZIP

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CITY ST ZIP

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in s. 194(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 liquidator appointed to examine this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

(Signature) Signature (printed name) of signing officer on this filing

1/12/95

907-896-6692