2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 AM
Secretary of State

DOCUMENT# J09316

Entity Name: LORAYNE J. EVANS, INC.

Current Principal Place of Business:

3430 HIGHWAY 77
SUITE O
PANAMA CITY, FL 32405 US

New Principal Place of Business:

3430 HIGHWAY 77
SUITE D
PANAMA CITY, FL 32405 US

Current Mailing Address:

3430 HIGHWAY 77
SUITE O
PANAMA CITY, FL 32405 US

New Mailing Address:

3430 HIGHWAY 77
SUITE D
PANAMA CITY, FL 32405 US

FEI Number: 59-2664695 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EVANS, LORAYNE J.
3430 HIGHWAY 77
SUITE O
PANAMA CITY, FL 32405

Name and Address of New Registered Agent:

EVANS, LORAYNE J.
3430 HIGHWAY 77
SUITE D
PANAMA CITY, FL 32405

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____ 04/24/2002
Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	EVANS, LORAYNE J.,	
Address:	301 ALEXANDER DR	
City-St-Zip:	LYNN HAVEN, FL	
Title:	D	( ) Delete
Name:	EVANS, HENRY H. III,	
Address:	301 ALEXANDER DRIVE	
City-St-Zip:	LYNN HAVEN, FL	
Title:	M	( ) Delete
Name:	EVANS, DOROTHY Q	
Address:	301 ALEXANDER DR	
City-St-Zip:	LYNN HAVEN, FL	
Title:	M	( ) Delete
Name:	EVANS, CHAD E	
Address:	301 ALEXANDER DR	
City-St-Zip:	LYNN HAVEN, FL	
Title:	M	( ) Delete
Name:	EVANS, HEATH A	
Address:	301 ALEXANDER DR	
City-St-Zip:	LYNN HAVEN, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	M/D	(X) Change ( ) Addition
Name:	EVANS, CHAD E	
Address:	301 ALEXANDER DR	
City-St-Zip:	LYNN HAVEN, FL	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHAD E. EVANS VP 04/24/2002
Electronic Signature of Signing Officer or Director — Date