

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K00501** (2)

1. Corporation Name
EVANS & ASSOCIATES REALTY, INC.



Principal Place of Business: **C/O THOMAS A. EVANS, 12520 PALM BEACH BLVD., SE, FT. MYERS FL 33905**
Mailing Address: **C/O THOMAS A. EVANS, 12520 PALM BEACH BLVD., SE, FT. MYERS FL 33905**

3. Date Incorporated or Qualified 11/03/1987	3a. Date of Last Report 03/02/1995
4. FEI Number 65-0011982	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Subst. Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Subst. Apt. #, etc. 27 City & State 28 Zip Country 29	9. Name and Address of Current Registered Agent EVANS, THOMAS A. 12520 PALM BEACH BLVD., SE FT. MYERS FL 33905	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Numbers Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0902 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 607.0905, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE PD	NAME EVANS, THOMAS A.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS 13794 RIVER FOREST DR.	CITY, ST, ZIP FT. MYERS FL	1.2 NAME	
3. TITLE TS	NAME EVANS, ROBIN L.	1.3 STREET ADDRESS	
4. STREET ADDRESS 13794 RIVER FOREST DR.	CITY, ST, ZIP FT. MEYERS FL	1.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	NAME	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. STREET ADDRESS	NAME	2.2 NAME	
7. CITY, ST, ZIP	NAME	2.3 STREET ADDRESS	
8. TITLE	NAME	2.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. STREET ADDRESS	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. CITY, ST, ZIP	NAME	3.2 NAME	
11. TITLE	NAME	3.3 STREET ADDRESS	
12. STREET ADDRESS	NAME	3.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. CITY, ST, ZIP	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. TITLE	NAME	4.2 NAME	
15. STREET ADDRESS	NAME	4.3 STREET ADDRESS	
16. CITY, ST, ZIP	NAME	4.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. STREET ADDRESS	NAME	5.2 NAME	
19. CITY, ST, ZIP	NAME	5.3 STREET ADDRESS	
20. TITLE	NAME	5.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. STREET ADDRESS	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. CITY, ST, ZIP	NAME	6.2 NAME	
23. TITLE	NAME	6.3 STREET ADDRESS	
24. STREET ADDRESS	NAME	6.4 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)(k), 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, but I am an officer or director of the corporation or the receiver or trustee or empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or both with an address.

SIGNATURE: *Thomas A. Evans*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
THOMAS A. EVANS
2/22/96 (941) 694 6900

CR2E034 (12/95)