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 MAR 13 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K09407 (3)

1. Corporation Name
EVERGREEN EQUITIES GROUP, INC.

Principal Place of Business
% GLADYS STEWART
50 N LAURA ST. STE 2725 / PO BOX 1200
JACKSONVILLE FL 32201

Mailing Address
% GLADYS STEWART
50 N LAURA ST. STE 2725 / PO BOX 1200
JACKSONVILLE FL 32201

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/24/1987
3a. Date of Last Report: 02/21/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 59-2863847 ☐ 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. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

~~MOORE, TERRY A.~~
~~50 N LAURA ST 31ST FLOOR~~
~~JACKSONVILLE FL 32202~~

10. Name and Address of New Registered Agent

81 Name: JOHN R. SCHULTZ
82 Street Address (P.O. Box Number is Not Acceptable): 50 N. LAURA St, Ste. 2725
83
84 City: JACKSONVILLE FL 85 Zip Code: 32202

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: John R. Schultz
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	D	1.1 TITLE	☑ Change ☐ Addition
NAME	MORI, THORPE S.	1.2 NAME	
STREET ADDRESS	50 N LAURA ST ~~#3100~~	1.3 STREET ADDRESS	50 N. LAURA ST, Ste 2725
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	32202
TITLE	D	2.1 TITLE	☑ Change ☐ Addition
NAME	MORI, KURT W.	2.2 NAME	
STREET ADDRESS	~~50 N LAURA ST #3100~~	2.3 STREET ADDRESS	50 N. LAURA ST., Ste 2725
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	32202
TITLE	D	3.1 TITLE	☑ Change ☐ Addition
NAME	SCHULTZ, JOHN R.	3.2 NAME	
STREET ADDRESS	50 N LAURA ST ~~#3100~~	3.3 STREET ADDRESS	50 N. LAURA St, Ste 2725
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	32202
TITLE	D	4.1 TITLE	☑ Change ☐ Addition
NAME	SCHULTZ, CLIFFORD G., II	4.2 NAME	
STREET ADDRESS	50 N LAURA ST ~~#3100~~	4.3 STREET ADDRESS	50 N. LAURA St., Ste 2725
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	32202
TITLE	D	5.1 TITLE	☑ Change ☐ Addition
NAME	GITTINGS, ROBERT L. JR	5.2 NAME	
STREET ADDRESS	50 N LAURA ST ~~#3100~~	5.3 STREET ADDRESS	50 N. LAURA St., Ste 2725
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	32202
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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.

SIGNATURE: John R. Schultz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHN R. SCHULTZ

March 6, 1995 (904) 354-3603
Date Daytime Phone #

0023100 CP