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97 FEB -7 AM 9:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

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 32201-1200

3. Date Incorporated or Qualified  
12/24/1987

3a. Date of Last Report  
02/09/1996

2. Principal Place of Business

21 % Michael J. Lucas, Jr.  
Suite, Apt. #, etc.

22 118 W. Adams St - 10th FL  
City & State

23 Jacksonville, FL  
Zip

24 32202 25 Duval

2a. Mailing Address

26 % Michael J. Lucas, Jr.  
Suite, Apt. #, etc.

27 118 W. Adams St - 10th FL  
City & State

28 Jacksonville, FL  
Zip

29 32202 30 Duval

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

SCHULTZ, JOHN R  
118 W ADAMS STREET  
3RD FLOOR  
JACKSONVILLE FL 32202

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE                    | NAME                     | STREET ADDRESS                | CITY - ST - ZIP | <input type="checkbox"/> DELETE |
|--------------------------|--------------------------|-------------------------------|-----------------|---------------------------------|
| D                        | MORI, KURT W.            | 118 W ADAMS STREET, 3RD FLOOR | JACKSONVILLE FL | <input type="checkbox"/>        |
| D                        | SCHULTZ, JOHN R.         | 118 W ADAMS STREET, 3RD FLOOR | JACKSONVILLE FL | <input type="checkbox"/>        |
| D                        | SCHULTZ, CLIFFORD G., II | 118 W ADAMS STREET, 3RD FLOOR | JACKSONVILLE FL | <input type="checkbox"/>        |
| D                        | GITTINGS, ROBERT L. JR   | 118 W ADAMS STREET, 3RD FLOOR | JACKSONVILLE FL | <input type="checkbox"/>        |
| <input type="checkbox"/> |                          |                               |                 | <input type="checkbox"/>        |
| <input type="checkbox"/> |                          |                               |                 | <input type="checkbox"/>        |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE   | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|---|----------|--------------------|---------------------|---|
| 2.1 TITLE <td>2.2 NAME</td> <td>2.3 STREET ADDRESS</td> <td>2.4 CITY - ST - ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE <td>3.2 NAME</td> <td>3.3 STREET ADDRESS</td> <td>3.4 CITY - ST - ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE <td>4.2 NAME</td> <td>4.3 STREET ADDRESS</td> <td>4.4 CITY - ST - ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE <td>5.2 NAME</td> <td>5.3 STREET ADDRESS</td> <td>5.4 CITY - ST - ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE <td>6.2 NAME</td> <td>6.3 STREET ADDRESS</td> <td>6.4 CITY - ST - ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do hereby certify that the information supplied with this filing 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 2/3/97 (904) 354-1789

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)