

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 FEB 20 AM 10:43

DOCUMENT # K26131

(8)

1. Corporation Name

EBVOL, INC.

Principal Place of Business

Mailing Address

28057 WESTBROOK DRIVE
BONITA SPRINGS FL 33923

28057 WESTBROOK DRIVE
BONITA SPRINGS FL 33923

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/14/1988

3a. Date of Last Report

02/22/1994

4. FEI Number

65-0064428

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARCH, THOMAS
28057 WESTBROOK DR
BONITA SPRINGS FL 33923

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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DR
NAME	SCANLAN, BRIAN
STREET ADDRESS	5518 SUNRISE DR.
CITY-ST-ZIP	FT. MYERS FL
TITLE	DR
NAME	GAVIN, JOHN
STREET ADDRESS	1349 CHALON LANE
CITY-ST-ZIP	FT. MYERS FL
TITLE	DR
NAME	MARCH, THOMAS
STREET ADDRESS	2555 ESTERO BLVD.
CITY-ST-ZIP	FT. MYERS BCH FL
TITLE	DR
NAME	SCHILLE, STEVE
STREET ADDRESS	139 BURGULS DR
CITY-ST-ZIP	FT MYERS FL
TITLE	DR
NAME	APGARSCHMITT, PEGGY
STREET ADDRESS	21400 CORRSREW RD
CITY-ST-ZIP	ESTERO FL
TITLE	DR
NAME	BOOTH, DANNY
STREET ADDRESS	2811 S.E. 22ND PL
CITY-ST-ZIP	CAPE CORAL FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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; 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:

Thomas March

2-15-95

918-566-8484

Date

Telephone #