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Mar 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K26131

(8)

1. Corporation Name
EBVOL, INC.



Principal Place of Business
28057 WESTBROOK DRIVE
BONITA SPRINGS FL 33923

Mailing Address
28057 WESTBROOK DRIVE
BONITA SPRINGS FL 34135-6851

3. Date Incorporated or Qualified
06/14/1988

3a. Date of Last Report
02/16/1996

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 Country

29 Country

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 607.0503, 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 of Agent, Secretary of State, or both, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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 furnished 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, unchanged, or on an attachment with an address.

SIGNATURE: *Thomas March* Thomas March 3-10-97 941-566-8484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2E034 (9/96)