


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

046164

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90104 011 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K26131					
1. Corporation Name EV BOL, INC.					
Principal Place of Business 28057 WESTBROOK DRIVE BONITA SPRINGS FL 33923			Mailing Address 28057 WESTBROOK DRIVE BONITA SPRINGS FL 33923		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/14/1988	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0064428	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip Country		29 Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent MARCH, THOMAS 28057 WESTBROOK DR BONITA SPRINGS FL 33923			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 date if applicable. (NOTE: Registered Agent signature required when reissuing) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	DR	<input type="checkbox"/> DELETE			
NAME	SCANLAN, BRIAN				
STREET ADDRESS	5518 SUNRISE DR.				
CITY-ST-ZIP	FT. MYERS FL				
TITLE	DR	<input type="checkbox"/> DELETE			
NAME	GAVIN, JOHN				
STREET ADDRESS	1349 CHALON LANE				
CITY-ST-ZIP	FT. MYERS FL				
TITLE	DR	<input type="checkbox"/> DELETE			
NAME	MARCH, THOMAS				
STREET ADDRESS	2555 ESTERO BLVD.				
CITY-ST-ZIP	FT. MYERS BCH FL				
TITLE	DR	<input type="checkbox"/> DELETE			
NAME	APGARSCHMITT, PEGGY				
STREET ADDRESS	21400 CORRSREW RD				
CITY-ST-ZIP	ESTERO FL				
TITLE	DR	<input type="checkbox"/> DELETE			
NAME	BOOTH, DANNY				
STREET ADDRESS	2811 S.E. 22ND PL				
CITY-ST-ZIP	CAPE CORAL FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12 NAME					
13 STREET ADDRESS					
14 CITY-ST-ZIP					
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
22 NAME					
23 STREET ADDRESS					
24 CITY-ST-ZIP					
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
32 NAME					
33 STREET ADDRESS					
34 CITY-ST-ZIP					
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
42 NAME					
43 STREET ADDRESS					
44 CITY-ST-ZIP					
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
52 NAME					
53 STREET ADDRESS					
54 CITY-ST-ZIP					
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
62 NAME					
63 STREET ADDRESS					
64 CITY-ST-ZIP					

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas March
Thomas March

Date

3-13-99

Daytime Phone #

941-566-8484

CR2E034 (11/98)