PROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 JUL 30 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #: K60099

1. Corporation Name
EVERGREEN DESIGNS, INC.

Principal Place of Business	Mailing Address
5181 US HWY 98N LAKELAND FL 33809 US	5181 US HWY 98N LAKELAND FL 33809 US

6/28/99 90006 022 $150.00
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/20/1989

2. Principal Place of Business
21: 924 Fairlane Dr.

2a. Mailing Address
26: 924 Fairlane Dr.

4. FEI Number
59-2926521
☐ Applied For
☐ Not Applicable

Suite, Apt. #, etc.
22: #7

Suite, Apt. #, etc.
27: #7

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State
23: LAKELAND, FL

City & State
28: LAKELAND, FL

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip
24: 33809

Country
25: POLK

Zip
29: 33809

Country
30: POLK

7. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ZARBAUGH-REESE ROBIN
5181 US HWY 98 N.
LAKELAND FL 33809

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable): 924 FAIRLANE DR.
33: #7
34 City: LAKELAND FL 35 Zip Code: 33809

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: Robin Z. Reese — April 16, 1999
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ZARBAUGH-REESE, ROBIN 5828 LAKE BREEZE AVE LAKELAND FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ZARBAUGH, MARGIE 550 LONE PALM DR. LAKELAND FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ZARBAUGH, PAUL 550 LONE PALM DR. LAKELAND FL	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Add

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-08/10/99-0101-008
****400.00 ****400.00

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: Robin Z. Reese — April 16, 1999 — 941-859-7011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

8/6/99
(W)