

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # K66072 (5)

1. Corporation Name

EVERGREEN RESEARCH AND DEVELOPMENT CORPORATION OF  
FLORIDA, INC.



Principal Place of Business

Mailing Address

3411 BROADWAY  
SUITE 10  
FT. MYERS FL 33901  
US

P.O. BOX 4255  
N. FORT MYERS FL 33918-4255

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

3. Date Incorporated or Qualified  
02/16/1989

3a. Date of Last Report  
02/06/1995

4. FEI Number

65-0143137

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

10. Name and Address of New Registered Agent

KAYUSA, MICHAEL F.  
1922 VICTORIA AVE.  
FT. MYERS FL 33901

81 Name Ellen J. Thomas

82 Street Address (P.O. Box Number is Not Acceptable)  
1813 S.E. 1st Street

84 City Cape Coral

FL 85 Zip Code 33990

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 and am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Ellen J. Thomas

Secretary/Treasurer Ellen J. Thomas 6-6-96

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 D ☐ DELETE  
NAME DAVIS, RICHARD R.  
STREET ADDRESS P.O. BOX 4255  
CITY-ST-ZIP FT. MYERS FL 33918-4255

11 TITLE Secretary/Treasurer ☐ Change ☒ Addition  
12 NAME Ellen J. Thomas  
13 STREET ADDRESS 1813 S.E. 1st Street  
14 CITY-ST-ZIP Cape Coral, FL. 33990

TITLE D ☒ DELETE  
NAME DAVIS, KAREN D.  
STREET ADDRESS 15125 BRIAR RIDGE CIRCLE  
CITY-ST-ZIP FT. MYERS FL

21 TITLE P ☒ Change ☐ Addition  
22 NAME DAVIS, Richard F.  
23 STREET ADDRESS 3411 Broadway  
24 CITY-ST-ZIP Fort Myers, FL. 33901

TITLE D ☐ DELETE  
NAME SHORT, DAVID A.  
STREET ADDRESS 3481 Hibiscus Drive  
CITY-ST-ZIP FT. MYERS FL

31 TITLE D ☐ Change ☒ Addition  
32 NAME David Alan Davis  
33 STREET ADDRESS 1125 Appian Way  
34 CITY-ST-ZIP Dorthan, AL. 36303

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE 000001886210 ☐ Change ☐ Addition  
52 NAME -07/08/96--01054--003  
53 STREET ADDRESS \*\*\*233.75  
54 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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 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 617, Florida Statutes, and that my name appears in Block 2 or Block 12 or changed or on an attachment with an address.

SIGNATURE:

Richard F. Davis

Richard F. Davis 6-6-96 941-936-0634

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (3/96)