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



Sandra B. Mortham

	PROFIT	ING FEE AFTI	<u>-</u>	ARTMENT OF STATE		
	RPORATION			B. Mortham		
ANNUAL REPORT			Secretary of State			
1997 DIVISION OF CORPORATIONS						
EVERGI F FLOR	IDA, INC.	AND DEVELOPM		ATION O		
Principal Place of Business Mailing Address 8411 BROADWAY P.O.BOX 4255						
SUITE 10 N.FORT MYERS FL 33918-4255						
ft. Myers fl Us	. 33901				3. Date Incorporated or Qualifi	ed 3a. Date of Last Report
					02/16/1989	07/08/1996
	Place of Business 3 5.E. s+		Mailing Address		4. FEI Number 65-0143137	Applied For Not Applicat
Sulte, Api			Suite, Apt. #, etc.		5. Certificate of Status Desired	SR 75 Additional
City & Ste		~ ,	City & State		6. Election Campaign Financin	g \$5.00 May Be
3 CAP	Coun		Zıp	Country	Trust Fund Contribution 8. This corporation has liability	Added to Fees for intangible tax under s. 199.032,
4 33		Let 29 ress of Current Registr	ered Agent	30	Florida Statutes 10. Name and Address of New	Yes No
	OMAS, ELLEN J			81 Name		
	3 SE 1ST ST.			82 Street	DAVIS, Ellen J. Address (P.O. Box Number is Not Acce	plable)
CAF	PE CORAL FL 33990			63 12	313 S.E. 1st St.	·
						OF Tip Code
				84 City (Cape Corah	FL 85 Zip Code 33990
office or	registered agent, or bo	ith, in the State of Florida	a. Such change was	authorized by the cor	corporation submits this statement for ti poration's board of directors. I hereby a	he purpose of changing its registere ocept the appointment as registered
SIGNATURE	- V M/////	copy the obligations of,	Siction 607.0505, F	nonga statutes.		4-06-97
12.	Signature, typed or printed dar	of registered agent and title if OFFICERS AND DIREC		11: Registered Agent signature		DATE FFICERS AND DIRECTORS IN 12
TITLE	P		☐ DELETE	1.1 TITLE	7.557115.10[0] [7.110[0] [7.0]	Change Addit
NAME	DAVIS, RICHARD F	R.		1.2 NAME		₹ ₹
STREET ADDRESS	3411 BROADWAY FT. MYERS FL 339	201		1.3 STREET ADDRESS	1813 S.E. 1st St.	22091
CITY-ST-ZIP TITLE	ST	7V I	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	CAPE COPAL, FL. 3	Change Addit
NAME	THOMAS, ELLEN J	J		22 NAME	DAVIS, Ellen J.	A country 1
STREET ADDRESS				2.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL	33990		2. 4 CITY-ST-ZIP		
TITLE	SHORT, DAVID A.		☐ DELETE	3.1 TITLE	V/b	Change Addit
name Street address	A 464 LIBOROULO DI	RIVE		3.2 NAME 3.3 STREET ADDRESS	212 LACY WAY	
CITY-ST-ZIP	FT. MYERS FL			3.4. CHY-ST-ZIP	310 LASY WAY Ft. Myers BEACH , 1	=1. 33931
TITLE	D		DELETE	41 TITLE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Change Addit
NAME	DAVIS, DAVID A			4. 2 NAMÉ		
STREET ADDRESS				4.3 STREET ADDRESS		
CITY-ST-ZIP	DOTHAN AL 36303	5	T DELETE	4.4 CITY - \$1 - 7IP		Chan Il Addi
TITLE	}		☐ DELETE	5.1 TITLE		Change Addit
NAME Street address				5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP				5.4 CITY - ST - 7IP		
TITLE			DELETE	6.1 THTLE		Change Addit
NAME				6.2 NAME		
STREET ADDRESS				6.3 STREET ADDRESS		
	1			6.4 CITY - \$1 - 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 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 in charged, or on an exactment with an andress.

SIGNATURE