

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

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K66072** (5)
1. Corporation Name
**EVERGREEN RESEARCH AND DEVELOPMENT CORPORATION O
F FLORIDA, INC.**

Principal Place of Business 3411 BROADWAY SUITE 10 FT. MYERS FL 33901 US	Mailing Address P.O. BOX 4255 N.FORT MYERS FL 33918-4255
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1813 S.E. 1st Street Suite, Apt. #, etc. 22 CAPE CORAL, FL. City & State 23 Zip 24 33990 Country 25 Lee		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 02/16/1989	
		4. FEI Number 65-0143137		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent THOMAS, ELLEN J 1813 SE 1ST ST. CAPE CORAL FL 33990				10. Name and Address of New Registered Agent 81 Name Richard F. Davis 82 Street Address (P.O. Box Number is Not Acceptable) 1813 S.E. 1st Street 83 84 City Cape Coral FL 85 Zip Code 33990			
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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 *Richard F. Davis* **Richard F. Davis, Director** 4-19-98
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	P	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIS, RICHARD R.			1.2 NAME	Richard F. Davis		
STREET ADDRESS	1813 S.E. 1ST ST			1.3 STREET ADDRESS	1813 S.E. 1st Street		
CITY-ST-ZIP	CAPE CORAL FL			1.4 CITY-ST-ZIP	CAPE CORAL FL 33990		
TITLE	ST	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIS, ELLEN J			2.2 NAME			
STREET ADDRESS	1813 S.E. 1ST STREET			2.3 STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL			2.4 CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHORT, DAVID A.			3.2 NAME			
STREET ADDRESS	310 LAZY WAY			3.3 STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS BEACH FL			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIS, DAVID A			4.2 NAME			
STREET ADDRESS	1125 APPIAN WAY			4.3 STREET ADDRESS			
CITY-ST-ZIP	DOTHAN AL 36303			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 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.

SIGNATURE: *Richard F. Davis* **Richard F. Davis** 4/19/98 941-574-4837

CR2E034 (10/97)