

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90081 026 \*\*\*158.75

**DOCUMENT # K66072**

1. Corporation Name

**EVERGREEN RESEARCH AND DEVELOPMENT CORPORATION OF  
FLORIDA, INC.**

Principal Place of Business

**1813 SE 1ST STREET  
CAPE CORAL FL 33990  
US**

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/16/1989**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** **1813 S.E. 1st Street**

4. FEI Number

**65-0143137**

Applied For

Not Applicable

**22** City & State

**27** Suite, Apt. #, etc.

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required.

**23** Zip

Country

**28** City & State

**29** Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

**24**

**25**

**29**

**30**

**U.S.A.**

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

9. Name and Address of Current Registered Agent

**DAVID, RICHARD F  
1813 S E 1ST STREET  
CAPE CORAL FL 33990**

10. Name and Address of New Registered Agent

**81** Name

**Davis, Richard F**

**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**

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, Pres.**

**Richard F. Davis**

**2/22/99**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

**P** ☐ DELETE  
**DAVIS, RICHARD F**  
**1813 S.E. 1ST ST**  
**CAPE CORAL FL**

☐ DELETE  
**DAVIS, RICHARD F**  
**1813 S.E. 1ST ST**  
**CAPE CORAL FL**

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**CAPE CORAL FL**

☐ DELETE  
**DAVIS, RICHARD F**  
**1813 S.E. 1ST ST**  
**CAPE CORAL FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition  
**1.1 TITLE**  
**1.2 NAME**  
**1.3 STREET ADDRESS**  
**1.4 CITY-ST-ZIP**

☐ Change ☐ Addition  
**2.1 TITLE**  
**2.2 NAME**  
**2.3 STREET ADDRESS**  
**2.4 CITY-ST-ZIP**

☐ Change ☐ Addition  
**3.1 TITLE**  
**3.2 NAME**  
**3.3 STREET ADDRESS**  
**3.4 CITY-ST-ZIP**

☐ Change ☐ Addition  
**4.1 TITLE**  
**4.2 NAME**  
**4.3 STREET ADDRESS**  
**4.4 CITY-ST-ZIP**

☐ Change ☐ Addition  
**5.1 TITLE**  
**5.2 NAME**  
**5.3 STREET ADDRESS**  
**5.4 CITY-ST-ZIP**

☐ Change ☐ Addition  
**6.1 TITLE**  
**6.2 NAME**  
**6.3 STREET ADDRESS**  
**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, with all other like empowered.

SIGNATURE: **Richard F. Davis**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/22/99**

DATE

**941-574-4837**

Daytime Phone #

CR2E034 (1/98)