**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION ANNUAL REPORT **1995**

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

**APPROVED AND FILED**

**95 MAY -1 AM 9:46**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # UNKNOWN L10482

1. Corporation Name

EVOK ENTERPRISES INC.

100001478552
-05/08/95--01033--022
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 6500 N. MILITARY TRL<br># 527<br>W. PALM BEACH FL 33407 | <- SAME |

3. Date Incorporated or Qualified: 8/21/89
3a. Date of Last Report:

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 6500 N. MILITARY TRL | 26 6500 N. MILITARY TRL |
| Suite, Apt. #, etc<br>22 527 | Suite, Apt. #, etc<br>27 527 |
| City & State<br>23 WPB FL | City & State<br>28 WPB FL |
| Zip / County<br>24 33407 25 PB | Zip / County<br>29 33407 30 PB |

4. FEI Number: 65-0172136 — 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. The corporation has liability for corporate 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 |
|---|---|
| VIRGINIA BUTLER<br>6500 N. MILITARY TRL #527<br>WPB FL 33407 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City **FL** 85 Zip Code |

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: VIRGINIA BUTLER — DATE: 4/25/95
(Signature, type or print name of registered agent and the date adopted) (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | 11 TITLE<br>12 NAME<br>13 STREET ADDRESS<br>14 CITY ST ZIP | VIRGINIA BUTLER ☒ Change ☐ Addition<br>PRESIDENT<br>6500 N. MILITARY TRL #527<br>WPB FL 33407 |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | 21 TITLE<br>22 NAME<br>23 STREET ADDRESS<br>24 CITY ST ZIP | SECRETARY/TREASURER ☒ Change ☐ Addition<br>6500 N. MILITARY TRL #527<br>WPB FL 33407 |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | 31 TITLE<br>32 NAME<br>33 STREET ADDRESS<br>34 CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | 41 TITLE<br>42 NAME<br>43 STREET ADDRESS<br>44 CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | 51 TITLE<br>52 NAME<br>53 STREET ADDRESS<br>54 CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | 61 TITLE<br>62 NAME<br>63 STREET ADDRESS<br>64 CITY ST ZIP | ☐ Change ☐ Addition |

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)(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:** Virginia L. Butler — 4/25/95 — 407-840-8886 JW
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
VIRGINIA L. BUTLER