

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L22479** (4)

1. Corporation Name

EVETT COMMUNICATIONS, INC.

Principal Place of Business

**C/O EVETT L. SIMMONS
10020 S FEDERAL HWY
PORT ST. LUCIE FL 34952**

Mailing Address

**P O BOX 7817
10020 S FEDERAL HWY
PT ST LUCIE FL 34952
US**



2. Principal Place of Business

2a. Mailing Address

21 Suite 200

26 Suite, Apt. #, etc.

22 145 NW Central Park Plaza

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Port St Lucie, FL

29 City & State

25 Zip

Country

26 Zip

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/11/1989

3a. Date of Last Report

04/21/1995

4. FEI Number

65-0282019

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

10. Name and Address of New Registered Agent

SIMMONS, EVETT L.

**10020 S FEDERAL HWY Suite 200, 145 NW Central Park Plaza
PORT ST. LUCIE FL 34952**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

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

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP
SIMMONS, EVETT L.**
STREET ADDRESS **2061 SE ERWIN RD**
CITY-ST-ZIP **PORT ST. LUCIE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME
STREET ADDRESS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Evett L. Simmons President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96
Date

407-340-7781
Daytime Phone

CR2E034 (12/95)