

**2004 FOR PROFIT CORPORATION
REINSTATEMENT**

DOCUMENT # L55947

1. Entity Name
EVERGREEN BANCSHARES, INC.



Principal Place of Business

111 SO MONROE ST
1706 WEST TENNESSEE STREET
TALLAHASSEE, FL 32301 US

Mailing Address

PO BOX 5767
TALLAHASSEE, FL 32314-5767 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

10212004 REIN-P CR2E098 (6/04)

4. FEI Number
63-1025500

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALEXIONOK, LINDA C
111 SO MONROE ST
TALLAHASSEE, FL 32301

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPS
NAME ALEXIONOK, LINDA C.
STREET ADDRESS 2212 WOODLAWN DR
CITY-ST-ZIP TALLAHASSEE, FL 32303

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

800042867558
11/18/04--01043--007 **750.00

TITLE DC
NAME BARRETT, DAVID A.
STREET ADDRESS 2120 HILL N DALE RD. NO.
CITY-ST-ZIP TALLAHASSEE, FL

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE D
NAME FUQUA, KENNETH C
STREET ADDRESS 2587 NOBLE DR
CITY-ST-ZIP TALLAHASSEE, FL 32312

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Delete

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STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Linda C. Alexionok, Linda C. Alexionok, President

11/17/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

04 NOV 18 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

