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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **N94000000293 (0)**

1. Corporation Name

INFINITE EVOLUTION, INC.

Principal Place of Business	Mailing Address
124 CRANES LAKE DRIVE PONTE VEDRA FL 32082	124 CRANES LAKE DRIVE PONTE VEDRA FL 32082

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/10/1994
3a. Date of Last Report:
4. FEI Number: 59-3242737 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / 24 — County / 25	Zip / 29 — County / 30

9. Name and Address of Current Registered Agent

SCOTT, THOMAS M
124 CRANES LAKE DRIVE
PONTE VEDRA FL 32082

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	P ☒ Change ☐ Addition
NAME	SCOTT, THOMAS M	12 NAME	SCOTT, THOMAS M
STREET ADDRESS	124 CRANES LAKE DRIVE	13 STREET ADDRESS	124 CRANES LAKE DR.
CITY-ST-ZIP	PONTE VEDRA FL 32082	14 CITY-ST-ZIP	PONTE VEDRA, FL. 32082
TITLE		21 TITLE	D ☐ Change ☒ Addition
NAME		22 NAME	BENNY COLEMAN
STREET ADDRESS		23 STREET ADDRESS	1459 EVANS RD., LOT 17A
CITY-ST-ZIP		24 CITY-ST-ZIP	FOLK CITY, FL. 33868
TITLE		31 TITLE	D ☐ Change ☒ Addition
NAME		32 NAME	MELVIN WINTONS
STREET ADDRESS		33 STREET ADDRESS	1032 N. ERMINE ST.
CITY-ST-ZIP		34 CITY-ST-ZIP	LAKE CITY, FL. 32055
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	300001551243
STREET ADDRESS		43 STREET ADDRESS	-08/01/95--01108--013
CITY-ST-ZIP		44 CITY-ST-ZIP	****155.00 ****155.00
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS	T.C.S. 7/28/95	63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas M Scott 3/27/95 904-285-2585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000101