

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P00400

1. Entity Name
EVANS REALTY, INC. OF ALABAMA



Principal Place of Business

**729 E. GLEN AVENUE
AUBURN, AL 36830**

Mailing Address

**729 E. GLEN AVENUE
PO BOX 427
AUBURN, AL 36830**



01212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
63-0586641

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD EVANS, J.E. 626 OGLETREE RD. AUBURN, AL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD EVANS, PATRICIA J. 626 OGLETREE RD. AUBURN, AL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AV DRINKARD, CYDNEY 1256 PEACHTREE CIRCLE AUBURN, AL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHRISTINE, LAURIE E 2374 LIME ROCK ROAD BIRMINGHAM, AL 35216
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EVANS, JEFFREY J. 444 E UNIVERSITY DRIVE AUBURN, AL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PETERSON, DALE E 321 HIGHWAY 98 E DESTIN, FL 32541

U00000102383
04/05/04-80013-009 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/04
Date

334-821-7078
Daytime Phone #