

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000145112

**FILED**  
**Jun 28, 2011**  
**Secretary of State**

**Entity Name:** EVANS & SONS CONSTRUCTION COMPANY, INC.

**Current Principal Place of Business:**

5454 AGESON ROAD  
JACKSONVILLE, FL 32219

**New Principal Place of Business:**

**Current Mailing Address:**

5454 AGESON ROAD  
JACKSONVILLE, FL 32219

**New Mailing Address:**

**FEI Number:** 20-3697955

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EVANS, WILBUR JR.  
5454 AGESON ROAD  
JACKSONVILLE, FL 32219 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: WILBUR EVANS, JR.

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPT  
Name: EVANS, PAUL C  
Address: 5454 AGESON ROAD  
City-St-Zip: JACKSONVILLE, FL 32219

Title: DV  
Name: EVANS, RONALD A  
Address: 5454 AGESON ROAD  
City-St-Zip: JACKSONVILLE, FL 32219

Title: S  
Name: EVANS, WILBUR JR.  
Address: 5454 AGESON ROAD  
City-St-Zip: JACKSONVILLE, FL 32219

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAUL C EVANS

DPT

06/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date