

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED

1995 JUL 25 AM 9:18

S.W. DATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000051851 (2)

1. Corporation Name

EVERGREEN PROPERTY MAINTENANCE, INC.

Principal Place of Business

150 S.W. 12TH AVE.
#201
POMPANO BEACH FL 33069

Mailing Address

150 S.W. 12TH AVE.
#201
POMPANO BEACH FL 33069

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/26/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0427272

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

2. Principal Place of Business

21

2a. Mailing Address

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PETTIT, LARRY
150 S.W. 12TH AVE.
POMPANO BEACH FL 33069

81 Name

Michael Pettit

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

11375 NW 19 DRIVE

83

84 City

Coral Springs

FL

85 Zip Code

33071

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

Michael Pettit

Michael Pettit

7-20-95

(Signature, typed or printed name of registered agent and date of declaration)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

TITLE	DPS
NAME	PETTIT, LARRY
STREET ADDRESS	11375 NW 19 DR
CITY - ST - ZIP	CORAL SPRINGS FL 33071
TITLE	DVT
NAME	PETTIT, MICHAEL
STREET ADDRESS	11375 NW 19 DR
CITY - ST - ZIP	CORAL SPRINGS FL 33071
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	5/D/V/T/D/P	☒ Change ☐ Addition
12 NAME	Michael Pettit	
13 STREET ADDRESS	11375 NW 19 DR	
14 CITY - ST - ZIP	Coral Springs, FL 33071	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
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)(a), 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:

Michael Pettit

Michael Pettit

7-20-95

305-833-2200

(Signature, typed or printed name of signing officer or director)

DATE

(Telephone Number)