

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 01, 1999 8:00 am
Secretary of State

09-01-1999 90005 034 ***550.00

PROFIT CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # **P94000015731**

Corporation Name
EVANS & EVANS, INC.

Principal Place of Business
**2. BOX 908
FL 32667**

Mailing Address
**RT. 2. BOX 908
MICANOPY FL 32667**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/25/1994	
4. FEI Number 59-3234127	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BURKETT, BARBARA A 2830 N.W. 41 ST. SUITE I GAINESVILLE FL 32606		10. Name and Address of New Registered Agent	
81	Name		
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	85	Zip Code
		FL	

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, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
OFFICERS AND DIRECTORS					
D EVANS, JOSEPH L 10846 NW 32ND PLACE GAINESVILLE FL		<input type="checkbox"/> DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
D EVANS, ANITA 10846 NW 32ND PLACE GAINESVILLE FL		<input type="checkbox"/> DELETE		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> DELETE		1.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> DELETE		1.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> DELETE		1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> DELETE		2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> DELETE		2.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> DELETE		2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> DELETE		3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> DELETE		3.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> DELETE		3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> DELETE		4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> DELETE		4.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> DELETE		4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> DELETE		5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> DELETE		5.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> DELETE		5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> DELETE		6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> DELETE		6.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> DELETE		6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 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 10 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **[Signature]** Date: **8/30/99** Daytime Phone #: **(352) 466-4293**

CR2E034 (5/99)