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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 01 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # P94000025549 (4)

MIKE EVANS CARS & TRUCKS, INC. Principal Place of Business Mailing Address 3994 S. LAKE ORL. PKWY 3994 S. LK. ORL. PKWY ORLANDO FL 32008 ORLANDO FL 32808 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/31/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3230656 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** CARUSLE, RONALD W 5840 N. ORANGE BLOSSOM TRIAL Street Address (P.O. Box Number is Not Acceptable) #256 83 ORLANDO FL 32810 84 City Zip Code 85 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstalling) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. \_\_ DELET**e** 1.1 TITLE Change TITLE **EVANS, MICHAEL** NAME 1.2 NAME 3994 S. LAKE ORLANDO PKWY STREET ADDRESS 1.3 STREET ADDRESS **ORLANDO FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition Change TITLE 21 TITLE EVANS, ANNA M 2.2 NAME 3994 S. LAKE ORLANDO PKWY STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL 2. 4 CITY - ST- ZIP CITY-ST-ZIP \_\_\_ DELETE ☐ Change ■ Addition TITLE 3.1 TITLE **EVANS, MICHAEL** NAME 3.2 NAME 3994 S. LAKE ORLANDO PKWY. STREET ADDRESS 3.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TIFLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change ■ Addition TITLE 5.1 TITLE NAME 5.2 NAME 5 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE \_\_ Addition TITLE 6.1 TITLE NAME 6.2 NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY-ST-ZIP

14. Thereby 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 12 or Block 13 if changed, or on an attachment with an address.