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PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT #
1. Corporation Name

P94000028877 (6)

EVO-	TECH, INC.										
Principal Place	of Business	Mailing Add	Iress					I IDDIIDDI (IK IDIK DIDII DUIII B	DIII WEIRI WURIG I		(Bint (Ban) 1840 1840
1389 LAND LONGWOO	RY CR. D FL 32750	1389 LANDRY CR. LONGWOOD FL 32750									
							ĺ	3. Date Incorporated or Qualified 04/11/1994	3a. Date	of Last F	
2. Principal Pla	ice of Business	2a. Mailing A	Address					4. FEI Number		<u> </u>	Applied For
21		26						59-3266109			Not Applicable
Suite, Apt. #	t, etc.	<u> </u>	pt. #, etc.					5. Certificate of Status Desired			5 Additional
Ctu & State	Crty & State		City & State					A F(-1) 0 1 5			Required
23		28					Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees	
Zip	Zip Country		Zip Cox					B. This corporation has liability for	intangible tax		
24	25		29		·			Florida Statutes		, , , , , , , , , , , , , , , , , , , ,	
	Name and Address of Current Registered Agent		ent					10. Name and Address of New F	tegistered A	gent	
					81	Name					
	TLAND, SUE ANDRY CR.					Street	Address	ss (P.Ö. Box Number is Not Acceptable)			
	NOOD FL 32750			Ì	83						
				ŀ	84	City			FI	85 Z	Zip Code
11. Pursuant to	o the provisions of Sections 607.050	02 and 607.1508, F	lorida Statutes,	the abov	I ve-n	amed co	rporation	on submits this statement for the pur	pose of char	nging its	registered office
or registere	ed agent, or both, in the State of Flo h, and accept the obligations of, Se	orida. Such change v	was authorized	by the c	orpo	oration's I	board o	of directors. I hereby accept the app	ointment as r	egistere	d agent. I am
SIGNATURE	,										
SIGNATORIE	Signature, typed or printed name of registered age		(NOTE	Registered	Agent	t signature re	equired wh	en reinstaling)	DATÉ		
12.		ND DIRECTORS		13.				ADDITIONS/CHANGES TO OFF			
1IILE	DPV DELETE			1. 1 TITLE] Change	□ Addition	
NAME	SWEETLAND, SUE			1.2 NA							
STREET ADDRESS	1389 LANDRY CR. LONGWOOD FL 32750					ADDRESS					
CITY-ST-ZIP TITLE	ST ST		□ DELETE		1.4 CITY - ST - ZIP				····	1 Change	Addition
VIII.E	sweetland, sue	L			2 1 TITLE 22 NAME				L] Change	Addition
STREET ADDRESS	1389 LANDRY CR.				2.3 STREET ADDRESS						
CITY-ST-ZIP	LONGWOOD FL 32750				2.4 CITY-ST-ZIP						
TITLE	201101100012 02100		☐ DELETE		3 1 TITLE				٢	Change	Addition
NAME		_	_		3.2 NAME				_		
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP				3 4 CIT		- 1					
TITLE	DELETE		4.1 TITLE						Change	Addition	
NAME				4.2 NA	ME						
STHEET ADDRESS				4.3 \$10	REET	address					
CITY-ST-ZIP				4.4 CH	Y-ST	r- z iP					
TITLE			DELETE	5. 1 Tri	ſLΕ					Change	Addition
NAME				5.2 NA	ME						
STHEFT ADDRESS				5.3 ST	REET	ADDRESS					
CITY-ST-7IP			DELETE	5.4 C(T		- ZIP			· · · · · · · · · · · · · · · · · · ·		
TITLE			DELETE	6. 1 Tri					<u></u>) Change	☐ Addition
NAME				6.2 NA							
STREET ADDRESS						ADDRESS					
CHY-SI-ZIP	cordify that the information equaling	d with this files is a	duntarily funcion	6.4 CIT			life for 4	ho avanuation stated in Castian 440	07/2)/(s) E1==	da Ctati	dog 15 who
certify that	certify that the information supplied the information indicated on this ani	nual report or supply	emental annual	report is	true	e and acc	curate a	and that my signature shall have the	or (O)(K), FION Same legal e	ਹਰ ਹਰਿ(U flect as	if made under

cath; that I am an officer or director of the comporation 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.

SCHAMURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4-1-96 407-767-6794
Date Destructions