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FILED  
Jan 29 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P94000033736 (7)

1. Corporation Name

EVERGREEN INTERIORS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

~~4700 SAN MIGUEL~~  
~~TAMPA FL 33609~~

P.O. BOX 320481  
TAMPA FL 33679  
US

2. Principal Place of Business

2a. Mailing Address

21 901 N FREMONT

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State TAMPA FL

28 City & State

24 Zip 33606 Country Hills.

29 Zip

Country

30

3. Date Incorporated or Qualified

05/02/1994

4. FEI Number

Applied For

59-3241288

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SANDMAN, WILLIAM A

~~4700 SAN MIGUEL~~  
~~TAMPA FL 33609~~

81 Name

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

3323 W. SWANN

83

84 City

TAMPA

FL

85 Zip Code

33609

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME SANDMAN, WILLIAM A  
STREET ADDRESS ~~4700 SAN MIGUEL~~  
CITY-ST-ZIP TAMPA FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
3323 W. SWANN  
TAMPA FL 33609

TITLE DS  
NAME SANDMAN, JUDY W  
STREET ADDRESS ~~4700 SAN MIGUEL~~  
CITY-ST-ZIP TAMPA FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3323 W. SWANN  
TAMPA, FL 33609

TITLE DVP  
NAME SANDMAN, RICHARD  
STREET ADDRESS 4800 WESTSHORE BLVD #528  
CITY-ST-ZIP TAMPA FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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

SIGNATURE:

*William A. Sandman*

1/24/98

CR2E034 (10/97)