

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 FEB 21 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000035345 (5)**

1. Corporation Name

EVERGREEN AUTOMOTIVE CORP.

Principal Place of Business

**10800 ATLANTIC BLVD.
JACKSONVILLE FL 32225**

Mailing Address

**10800 ATLANTIC BLVD.
JACKSONVILLE FL 32225**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/10/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3248155

Applied for

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**SETH, TODD F
10800 ATLANTIC BLVD.
JACKSONVILLE FL 32225**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 after consulting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPC	1.1 TITLE	☐ Change ☐ Addition
NAME	SETH, TODD F	1.2 NAME	
STREET ADDRESS	10800 ATLANTIC BLVD.	1.3 STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE FL 32225	1.4 CITY, ST, ZIP	
TITLE	DS	2.1 TITLE	☐ Change ☐ Addition
NAME	NOBLE, NANCY D	2.2 NAME	
STREET ADDRESS	7400 BAYMEADOWS WAY, STE. 200	2.3 STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE FL 32256	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

**100001413201
-02/23/95--01027-022
****200.00 ****200.00**

Handwritten initials and date
2-21

14. I 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)(b), 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. If Block 12 or Block 13 is changed, or an attachment with an address.

SIGNATURE:

Handwritten signature of Nancy D. Noble
NANCY D. NOBLE
SECRETARY

1-30-95

904-230-2464