## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION ANNUAL REPORT

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED** 

Sep 19 1997 8:00am

Secretary of State

Change

546-2577

Addition

P94000072254 (3) DOCUMENT #
1. Corporation Name

EVANS MASONRY AND CONSTRUCTION, INC.

Principal Plac	e of Business	Mailing Address						
ROUTE 6. BO		ROUTE 6. BOX 258-L						
QUINCY FL 32351		OUINCY FL 32351			DO NOT WRI	DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	d 3a. Date of La	ist Report	
					10/03/1994	05/01/19	96	
<ol><li>Principal F</li></ol>	Place of Business	2a. Mailing Address			4. FEI Number		Applied For	
1		26			59-3271271		Not Applicable	
Suite, Apt. #, etc.  Suite, Apt. #, etc.  27					5. Certificate of Status Desired	1 1 ,	\$8.75 Additional Fee Required	
City & State City & State					6. Election Campaign Financing		\$5.00 May Be	
3		28	1 -		Trust Fund Contribution		ded to Fees	
Zip	Country	Zip	Coun	lry	8. This corporation owes or has	· — ·	ır Intangible □ No	
4	25 Name and Address of Curr	ant Baglatarad Agant	30		Personal Property Tax due Ju  10. Name and Address of New I		[1] 140	
	<del></del>	BUIL MOBISTEIBO WARIIT		1 Name	10, Name and Address of New I	Johnston Wholit		
EVANS, MAURICE E								
ROUTE 6, BOX 258-L QUINCY FL 32351			[8	Street	Address (P.O. Box Number is Not Accept	able)		
-			[8	3				
			1	4 City		FI 85	Zip Code	
SIGNATURE	am familiar with, and accept the obl	agent and little if applicable. (NC	TE: Ragistered		a required when reinslating)	DATE		
12,	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF			
TITLE	D	DELETE	1.1 TIŽ		SECATARY	Chai	nge 11 Addition	
NAME	EVANS, MAURICE E		1.2 NAN		FELICIA C. EVA-S			
Street address	ROUTE 6, BOX 258-L			ET ADDRESS	RT. 6 BOX 258-C			
CITY-ST-ZIP	QUINCY FL 32351	Flocitie		- ST - ZIP	Quecy, FL 32381	Char	nge	
TITLE		DELETE	2.1 TITL			ET CIR	igo Li Addition	
NAME	}		2.2 NAM	-				
STREET ADDRESS			- 1	ET ADDRESS				
CITY-ST-ZIP TITLE		DELETE	2 4 CIT	r-ST-ZIP	<b> </b>	☐ Chai	nge 🔲 Addition	
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STREET ADORESS	}		1		<u> </u>			
CITY-ST-ZIP		DELETE	4.1 TITE	/-S1-ZIP		☐ Chai	noe Addition	
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NAME	[			eet address	1			
STREET ADDRESS	}							
CITY-ST-ZIP TITLE	<del> </del>	DELETE	4.4 CITY 5.1 TITL	- ST - ZIP		Char	nge Addition	
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NAME	1					•		
STREET ADDRESS	i .		■ 5.3 STR	ET ADDRESS	1			

5.4 CITY-ST-ZIP

6.1 TITLE

14. I do hereby certify that the information supplied with this filling 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 attay hment with an address.

DELETE