FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name P94000072254 (3)

EVANC MACONDY AND CONCEDITION INC

FILED Feb 27 1998 8:00am Secretary of State

LYNIO	MASCITITI NITO CONSTI	noction, inc.				
Principal Place of Business Mailing Address			ess			
ROUTE 6, BO QUINCY FL 3			ROUTE 6, BOX 258-L QUINCY FL 32351			
						DO NOT WRITE IN THIS SPACE
		71				3. Date Incorporated or Qualified 10/03/1994
— '	ace of Business	2a. Mailing Ad	ddress			4. FEI Number . Applied For
21 26						59-3271271 Not Applicable
Suite, Apt. #, etc.			. #, etc.			6. Certificate of Status Desired \$8.75 Additional
22 27						Fee Required
City & State			te			6. Election Campaign Financing \$5.00 May Be
Zip	Zip Country Zip			Carrata		Trust Fund Contribution Added to Fees
24	25	— ·	30	Country	·	8. This corporation owes or has paid the current year Intangible
24)	9. Name and Address of Curr	29 29 20 20 20 20 20 20 20 20 20 20 20 20 20				Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
FV	ANS, MAURICE E			81	Name	10. Humb and Addices of New Hegistered Agent
	UTÉ 6, BOX 258-L					
QUINCY FL 32351				82	Street A	Address (P.O. Box Number is Not Acceptable)
- 40				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 when reinstating) OATE						
12.		ND DIRECTORS		13.	in algriature in	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D			1.1 TITLE		Change Addition
NAME	EVANS, MAURICE E			1.2 NAME		- · -
STREET ADDRESS	ROUTE 6, BOX 258-L			1.3 STREET	ADDRESS	• •
CITY-ST-ZIP	QUINCY FL 32351			1.4 CITY-S	1	
TITLE	\$			2.1 TITLE		☐ Change ☐ Addition
NAME	EVANS, FELICIA C			2.2 NAME		
STREET ADDRESS	RT 6 BOX 258-L			2.3 STREET	ADDRESS	
CITY-ST-ZIP	QUINCY FL			2. 4 CITY-S	T-ZIP	
FITLE			DELETE :	3.1 TITLE		☐ Change ☐ Addition
NAME				3.2 NAME		
STREET ADDRESS				3.3 STREET	ADDRESS	
CITY-ST-ZIP				3.4. CITY - S	T-ZIP	
TITLE			DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME				4. 2 NAME		
STREET ADDRESS				4.3 STREET	ADDRESS	
CITY-ST-ZIP				4.4 CITY-S1	- ZIP	
TITLE			DELETE :	5.1 TITLE		☐ Change ☐ Addition
NAME				5.2 NAME		ļ
STREET ADDRESS] 8	5.3 STREET A	ADDRESS	1
CITY-ST-ZIP				5.4 CITY-ST	- ZIP	
TITLE			DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			1 6	S.2 NAME		İ
STREET ADDRESS			€	3.3 STREET A	ADDRESS	
CITY-ST-ZIP				6.4 CITY-ST	- ZIP	
THE I becoke as						130 Decree 440 07(0)(2) Et 11 Octobre 16 0 0 0 0 0 0 17 7 7 7 7 7

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.