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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P94000088857**1. Corporation Name

## Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90044 016 \*\*\*150.00

| ZEDDIE   | EVANS COMPANY   |           |                        |           |                    |                  |   |  |              |                |   |          |
|--|---|-----------|------------------------|-----------|--------------------|------------------|---|--|--------------|----------------|---|----------|
| Principal Place  | e of Business   | Ма        | ailing Address         |           |                    |                  |   | 1 (00)(00)(00)(00)(00)(00)(00)(00)(00)(00  | . 4911 58191 |                | * = ())( (##)  ##)                      |          |
| 3800 SILVER ROSE COURT ORLANDO FL 32808 US  3800 SILVER ROSE COURT ORLANDO FL 32808 US |   |           |                        |           |                    |                  |   | DO NOT WRIT  | E IN THIS    | SPACE          |   |          |
|  |   |           |                        |           |                    |                  |   | 3. Date Incorporated or Qualifed   | 440          |                |   | l        |
|  |   | _         |                        |           |                    |                  |   | 12/07/1994   |              |                |   |          |
| 2. Principal Pi  | face of Business  | 2a.       | Mailing Address        |           |                    |                  |   | 4. FEI Number  |              | <u> </u>       | pplied For                              | 1        |
| 21   | H -4-   | 26        | Suite, Apt. #, etc.    |           |                    |                  |   | 59-3288168   |              |                | ot Applicable Additional                | <u> </u> |
| Suite, Apt.  | #, etc.   | 27        | Suite, Apr. #, etc.    |           |                    |                  |   | 5. Certifcate of Status Desired  |              | •              | equired                                 | =        |
| City & State   | e   |           | City & State           |           |                    |                  |   | 6. Election Campaign Financing   | П            |                | May Be                                  |          |
| 23   |   | 28        |                        |           | _                  |                  |   | Trust Fund Contribution  |              |                | to Fees                                 |          |
| Zip  | Country   | 29        | Zip                    | Cou       | ntry               |                  |   | 8. This corporation owes the curre   | nt year Inta | ngible<br>□Yes | □No                                     |          |
| 24   | 25  |           | 30                     |           |                    |                  | Personal Property Tax.  10. Name and Address of New R | naistered A  |              | LINO           | 1                                       |          |
|  | g. Name and Address of Curren   | t Regis   | tered Agent            |           | 81                 | Name             |   | 10. Name and Address of New A  | egistereu z  | gent           |   |          |
| EVA  | NS, ZEDDIE L  |           |                        |           |                    |                  |   |  |              |                |   | -        |
| 3800 SILVER ROSE COURT   |   |           |                        |           | 82                 | Street A         | ddre  | ss (P.O. Box Number is Not Accepta   | ble)         |                |   | ĺ        |
| ORL  | ANDO FL 32808   |           |                        |           | 83                 |                  |   |  |              |                |   | {        |
|  |   |           |                        |           | 84                 | City             |   |  | FL           | 85 Zip         | Code                                    |          |
| - 44 · Purement  | to the provisions of Sentions 607 050   | 2 and 6   | 07 1508 Florida Statut | es the al | DOVE               | e-pamed.c        | OMO   | ration submits this statement for the  |              | hanging its    | s registered                            | l        |
| office or r  | to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obliga | of Floric | da. Such change was a  | uthorized | by                 | the corpor       | ration  | 's board of directors, I hereby accep  | t the appoir | lment as re    | egietered                               | -        |
| SIGNATURE  | Betty JEVAN   | <b>G</b>  | Pres                   |           | · _ n              |                  | 4   | the sure from  | DATE         |                |   |          |
| 40   | Signature, typed or printed name of registered ager<br>OFFICERS AN  |           |                        | 13.       | Agen               | it sign fluie ra | -uvea   | when reinstating)  ADDITIONS/CHANGES TO OFF  |              | DIRECTO        | ORS IN 12                               |          |
| 12.<br>TITLE   | DVP   | O OIIVE   | DELETÉ                 | 1.1 TIT   | 1E                 | - <u>`</u> -     |   | ABBITION OF THE PROPERTY OF TH |              | ☐ Change       |   | 1        |
| NAME   | EVANS, ZEDDIE L   |           |                        | 1.2 NA    | 1.2 NAME           |                  |   |  |              |                |   |          |
| STREET ADDRESS   | 3800 SILVER ROSE COURT  |           |                        | 1.3 ST    | 1.3 STREET ADDRESS |                  |   |  |              |                |   |          |
| CITY-ST-ZIP  | ORLANDO FL  |           |                        | 1         | 1.4 CITY-ST-ZIP    |                  |   |  |              |                |   | l        |
| TITLE  | DP  |           | ☐ DELETE               | 2.1 111   |                    |                  |   |  |              | Change         | Addition                                | ]        |
| NAME   | EVANS, BETTY J  |           |                        | 2.2 NA    | ME                 |                  |   |  |              |                |   | ŀ        |
| STREET ADDRESS   | 3800 SILVER ROSE CT   |           |                        | 2.3 ST    | REET               | T ADDRESS        |   |  |              |                |   | ļ        |
| CITY-ST-ZIP  | ORLANDO FL  |           |                        | 2.4 C     | TY-S               | ST-ZIP           |   |  |              |                | <del>-</del> -                          |          |
| TITLE  |   |           | ☐ DELETE               | 3.1 TI    | ΠE                 |                  |   |  |              | Change         | Addition                                |          |
| NAME   |   |           |                        | 3.2 NA    | ME                 |                  |   | * **   | -            | **             | •                                       |          |
| STREET ADDRESS   |   |           |                        | 3.3 ST    | REET               | TADDRESS         |   |  |              |                |   | ļ        |
| CITY-ST-ZIP  |   |           |                        | 3.4. C    | TY-S               | IT-ZIP           |   |  |              |                |   | 1        |
| TITLE  |   |           | ☐ DELETE               | 4.1 TD    | TLE.               |                  |   |  |              | Change         | ☐ Addition                              |          |
| NAME   |   |           |                        | 4 2 N     | AME                |                  |   |  |              |                |   |          |
| STREET ADDRESS   |   |           |                        | 4.3 ST    | REET               | T ADDRESS        |   |  |              |                |   |          |
| CITY-ST-ZIP  |   |           |                        | 4.4 CI    |                    | T-ZIP            |   |  |              | Change         | - Addition                              | ┧        |
| TITLE  |   |           | ☐ DELETE               | 5.1 TO    |                    | 1                |   |  |              | ☐ Change       | ☐ Addition                              |          |
| NAME   |   |           |                        | 5.2 NA    |                    | TADDDCCO         |   |  |              |                |   |          |
| STREET ADDRESS   |   |           |                        |           |                    | T ADDRESS        |   |  |              |                |   |          |
| CITY-ST-ZIP  |   |           | ☐ DELETE               | 5.4 CI    |                    | 1-211            |   |  |              | Change         | Addition                                | 1        |
| TITLE  |   |           | ill Detere             | 6.2 NA    |                    |                  |   |  |              |                | _,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |          |
| NAME   | }   |           |                        |           |                    | ADDRESS          |   |  |              |                | •                                       |          |
| CTDEET ANDDESS   |   |           |                        | ■ U.U.O.I | - NLL 1            |                  |   |  |              |                |   |          |

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: