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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000075087 (3)

EVA MANAGEMENT INC.

FILED
May 08 1998 8:00am
Secretary of State

21-0562

Principal Place of Business Mailing Address 14012 7TH STREET 14012 7TH STREET DADE CITY FL 33525 DADE CITY FL 33525 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/28/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-3367475 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SCHRADER, DAVID L 12249 US HIGHWAY 301 Street Address (P.O. Box Number is Not Acceptable) DADE CITY FL 33525 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ■ DELETE 1.1 TITLE Change X Addition NEUBER, EVA M NAME 12 NAME Gregg A. Lynch % 14012 7TH ST. STREET ADDRESS 1.3 STREET ADDRESS I4144 6th Street DADE CITY FL 33525 CITY-ST-ZIP 1.4 CITY-ST-ZIP Dade City, FL 33525 DELETE TITLE 2.1 TITLE Channe Addition NAME NEUBER, KARL H 2.2 NAME STREET ADDRESS % 14012 7TH ST. 2.3 STREET ADDRESS DADE CITY FL 33525 CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CATY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Addition TITLE DELETE 6.1 TITLE Change NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 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 curporation or the scenes obtrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 to langed, or on an attriction with an address.