## 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 # P9600007401 (8)

**EVANCO CORPORATION** 

SIGNATURE:

Principal Place of Business Mailing Address

\$900 N WASHINGTON BLVD 3900 N WASHINGTON BLVD

FILED
May 12 1998 8:00am
Secretary of State



SARASOTA FL 34234		SARASOTA FL 34234				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						01/23/1996
2. Principal Place of Business 2s. Mailing Address						4. FEI Number Applied For
21		26				65-0655408 Not Applicable
Suite, Apt. 6	, etc.	Suite, Apt. #, etc.	<b>7</b>			5. Certificate of Status Desired See Required Fee Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	<u></u>	untry		8. This corporation owes or has paid the current year Intangible
<u> </u>	25	[29]	30	,		Personal Property Tax due June 30. Yes 💹 No
	9. Name and Address of Curren	i negistered Agent		81	Name	10. Name and Address of New Registered Agent
EVANS, MALCOLM					HOTH	
3900 N WASHINGTON BLVD SARASOTA FL 34234				82 Street Ad		Address (P.O. Box Number is Not Acceptable)
OA!	MSUIA FL 34234			83		
				84	City	■■ 85 Zip Code
					-	FL     '
SIGNATURE	Signature, typed or printed name of registered age					corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered required when reinstating)
12.	OFFICERS AND	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.13	1.1 TITLE		Change Addition
NAME	EVANS, MALCOLM J		1.2 1	1.2 NAME		
STREET ADDRESS	210 41ST NE		1.3 9	1.3 STREET AL		
CITY-ST-ZIP	BRADENTON FL 34208		1.40	1.4 CITY-ST-ZIP		
TITLE	DVST	☐ DELETE	2.11	2.1 TITLE		☐ Change ☐ Addition
NAME	EVANS, ELSIE		221	22 NAME		
STREET ADDRESS	210 41ST NE		2.3 5	2.3 STREET		
CITY-ST-ZIP	BRADENTON FL 34208	D DELETE		2. 4 CITY-ST-		
TITLE		☐ DELETE		3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME			+x
STREET ADDRESS					ADDRESS	
CITY - ST - ZIP TITLE			3.4. CITY-ST-ZIP		☐ Change ☐ Addition	
NAME			4, 2 NAME			State Moduly
STREET ADDRESS					AODRESS	
CITY-ST-ZIP				TY-S		
TITLE	***************************************			ITLE	-"-	☐ Change ☐ Addition
NAME			5.2 N			_ · ·
STREET ADDRESS			535	TREET	ADDRESS	
CITY-ST-ZIP			5.40	ITY-S'	r-zip	
TITLE		DELETE		6.1 TITLE		☐ Change ☐ Addition
NAME			6.21	IAME	1	
STREET ADDRESS			6.3 S	TREET	ADDRESS	
CITY-ST-ZIP		//		ITY-S		
14. I hereby or indicated of officer or of Block 12 of	ortify that the information supplied wi on this annual report or supplementa lirector of the corporation or the rece or Block 13 if changed, or on an attac	ith this filing does not quelty to a annual report is frue and according to the biver or trusted employered to chiment with an address.	or the ex curate ar execute	empl of the this r	ion state It my sig eport as	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information nature shall have the same legal effect as if made under oath; that I am an required by Chapter 607, Florida Statutes; and that my name appears in