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 # P96000070005

M C EVANS, INC.

1 1 1	ce of Business	Mailing Address			Sariu 1901 Obitt Ebitt Batal Elil Ebi
17911 BERMU FORT MYERS	JDA DUNES DR.	17911 BERMUDA DUNES I	DR.		•
US	FL 33912	FORT MYERS FL 33912 US		DO NOT WOLTE IN	
		00		DO NOT WRITE IN T	HIS SPACE
			·	3. Date incorporated or Qualifed 08/21/1996	
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number	
21		26		65-0731242	Applied For
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.			Not Applicable \$8.75-Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Sta	ate	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip .	Country	8. This corporation owes the current year	
24	25	29	30	Personal Property Tax.	∏ Yes ∑‱ io
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Register	red Agent
EVANS, M C					
	11 BERMUDA DUNES DR.		82 Street Add	fress (P.O. Box Number is Not Acceptable)	
FORT MYERS FL 33912				- 15 * 12 \$ 6	Zitt (#\$15 graf 2 #4) it Zittel gift 1501
		•	83		
			84 City	and the state of t	85 Zip Code
11 Pursuant to the provisions of Sections 607 0500 and 607 0500 The sections of				F	
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.					
agent. I am lamiliar with and accept the obligations of, Section 607.0505, Florida Statutés.					
SIGNATURE	Signature, typed of printed name of legistered agent	and title if applicable (NOTE:	Registered Agent signature require	1-1	1.97
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIDECTORS IN 42
TITLE	D	☐ DELETE	1.1 TITLE	STATE OF THE OFFICERS	Change Addition
NAME	EVANS, MARY C		1.2 NAME		
STREET ADDRESS	17911 BERMUDA DUNES DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33912				,
TITLE			1.4 CITY-ST-ZIP	•	
NAME		. DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
STREET ADDRESS	1	DELETE			☐ Change ☐ Addition
CITY-ST-ZIP		. DELETE	2.1 TITLE		☐ Change ☐ Addition
	A Company of the Comp	DELETE	2.1 TITLE 2.2 NAME		☐ Change ☐ Addition
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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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 28, 1999 8:00am

Secretary of State

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01-28-1999 90011 018 ***150.00

Change

☐ Addition