1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000012536

1. Corporation Name

EVERGREEN PROPERTIES OF TAMPA BAY, INC.

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|--|--|--|--|---|--|--|--------------------------|---------------------------|---------------------------------|--------------------------------------|
| Principal Place of Business | | lailing Address | | | | - | B \$0401 \$8011 001\$1 0 | atil volk 1310 | | HANCA MAN HAMA |
| · | | O BOX 272021 | | | | | | | | |
| P O BOX 272021 P O BOX 272021 TAMPA FL 33688 TAMPA FL 33688 | | | | | | | | | | |
| | | | | | | | DO NOT WE | | SPACE | |
| | | | | | | 3. Date Incorpora 02/06/1997 | | | | |
| 2. Principal Place of Business | | . Mailing Address | | | | 4. FEI Number | | | - AD | plied For |
| 21 | 26 | , | | | | 59-345244 | 6 | | ⊢ | t Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | | | \$8.75 A | Additional |
| 22 | 27 | | | - | . • | 5. Certifcate of S | tatus Desired | | Fee Re | |
| City & State | | City & State | | | | 6. Election Camp | aign Financing | _ | \$5.00 | Mav Be |
| 23 | 28 | | | | | Trust Fund Co | - | | Added t | |
| | intry | Zip | Count | try | _ | 8. This corporation | on owes the cu | rent year In | tangible | |
| 24 25 | 29 | | 30 | | | Personal Prop | erty Tax. | | Yes | □No |
| | Idress of Current Regis | stered Agent | | | | 10. Name and Ac | dress of New | Registered | Agent | |
| MODEVNOLDO CANDI | DA. | | 8 | 31 I | Name | | | | | |
| MCREYNOLDS, SANDI 4221 SUMMERDALE D | | | 8 | 32 3 | Street Addres | ss (P.O. Box Numb | er is Not Accep | table) | _ | |
| TAMPA FL 33624 | 7117L | | 8 | 33 | | | | | _ | |
| | | | | \perp | _ | | | | | _ |
| • | | | ۱ | 34 | City | | | F | 85 Zip (| Code . |
| | Pactions 607 0502 and 6 | 807 1508 Florida Statut | | | | ration submits this s | tatement for the | purpose o | f changing its | registered |
| 11. Pursuant to the provisions of S | 56Cilous 007.0302 and 0 | de Cueb ebenea was | es, the abo | ove-n | named corpor | a's board of director | I hereby acco | ont the anno | intmont se ro | aistered l |
| Pursuant to the provisions of S office or registered agent, or b agent. I am familiar with, and a | oth, in the State of Flori | ida. Such change was a | uthorized b | by the | e corporation | n's board of directors | s. I hereby acco | ept the appo | intment as re | gistered |
| office or registered agent, or b agent. I am familiar with, and a SIGNATURE | ooth, in the State of Flori accept the obligations of | ida. Such change was a f, Section 607.0505, Flo | uthorized b rida Statuti | oy the es. | e corporation | n's board of directors | s. I hereby acce | ept the appo | intment as re | gistered |
| office or registered agent, or b agent. I am familiar with, and a SIGNATURE | ooth, in the State of Flori accept the obligations of mame of registered agent and title | da. Such change was a f, Section 607.0505, Flo | uthorized b orida Statuti Registered A | oy the es. | e corporation | n's board of directors when reinstating) | s. I hereby aco | DATE | enument as re | gistered |
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| office or registered agent, or b agent. I am familiar with, and a SIGNATURE Signature, typed or printed or 12. | ooth, in the State of Flori accept the obligations of mame of registered agent and title OFFICERS AND DIRI | da. Such change was a f, Section 607.0505, Flo | E: Registered A | gentsi | e corporation | n's board of directors when reinstating) | s. I hereby aco | DATE | enument as re | gistered |
| office or registered agent, or b agent. I am familiar with, and a SIGNATURE Signature, typed or printed r 12. TITLE P NAME SANDRA MCREY | noth, in the State of Flori accept the obligations of mame of registered agent and title OFFICERS AND DIRI YNOLDS | ida. Such change was a f, Section 607.0505, Flo if applicable. (NOTE | Registered Ap 13. 1.1 TITLE 1.2 NAMi | gent si | e corporation | n's board of directors when reinstating) | s. I hereby aco | DATE | ND DIRECTO | PRS IN 12 |
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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 at other tike empowered.

6.4 CITY-\$T-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

SIGNATURE KCKULLO
SIGNATURE KCKULLO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/39

President

Daytime Phone

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90011 031 ***150.00

SP2E034 (11/98)