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

PROFIT CORPORATION **ANNUAL REPORT**

1998



LLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000016417 (2)

EVANS DUMP TRUCK SERVICE, INC.

Principal Place of Business Mailing Address 215 CENTER ST 215 CENTER ST

FILED Apr 21 1998 8:00am Secretary of State



GREEN COVE SPRINGS FL 32043		GREEN COVE SPRINGS FL 32043				DO NOT WRITE IN THIS SPACE
						Date Incorporated or Qualified 02/17/1997
2. Principal Place of Business 21		2e. Marling Address 26				4 FEI Number Applied For S9-3432162 Not Applied For
Suite, Apt	#, etc.	Suite, Apt. #, etc.				5, Certificate of Status Desired See Required \$8.75 Additional Fee Required
City & State)	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zib	Cou	intry		8. This corporation owes or has paid the current year Intangible
24	25 g. Name and Address of Curre	29 nt Registered Agent	30			Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent
	INS, DAVID E			81	Name	
	i Center St Een Cove Springs FL 32043			82	Street Add	ress (P.O. Box Number is Not Acceptable)
On	LEIT DOTE OF HIMOUTE 52045			83		
				84	City	FL 85 Zip Code
office or re agent. I ar SIGNATURE	to the provisions of Sections 607.056 ogistered agent, or both, in the State in familiar with, and accept the oblig	÷of Florida. Such change w jations of, Section 607.0505	as authorize , Florida Stat	d by tutes	the corpora	poration submits this statement for the purpose of changing its register tion's board of directors. I hereby accept the appointment as registere to when reinstating) DATE
12.		ID DIRECTORS	13.	a Age	in signatura requi	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE		DELETE	1.1 T	TLF	P	Channe Add
NAME			1.2 N	AME	18	RESIDENTE EVANS 115 CENTER St. REEN COVESPAS, F/A. 32043
STREET ADDRESS			1.3 S	HEET	ADDRESS 3	1/5 CENTER OF CI BOOKS
CITY-ST-ZIP					1-ZIP (G	REEN COVESPOS, PIA. 00090
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NAME			2.2 N		ADDDECC	
STREET ADDRESS					ADDRESS ST-Zip	
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NAME			3.2 N	AME		
STREET ADDRESS			3.3 \$	TREE T	ADDRESS	
CITY-ST-ZIP			3.4. 0	ary-s	51 - 7 IP	
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NAME			4. 2 N	AME	İ	
STREET ADDRESS			4.3 ST	I HE & T	ADDRESS	
CHY-ST-ZIP		Floure			T-ZIP	Change Add
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NAME			52 N			
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CITY-ST-ZIP		DELETE			1-719	☐ Change ☐ Add
TITLE		[] OTHER	6.1 T)		1	E change Aud
NAME			6.2 N		ALVONEDO.	
STREET ADDRESS					ADDRESS	· ·
CITY-ST-ZIP	sortify that the information concludes	with this filing does not ough	ify for the eve	מנינים	tion stated in	Section 119.07(3)(i), Florida Statutes. I further certify that the informat
indicated officer or a	on this angual report or suggistantial	lal annual report is true and eiver or trustee empowered	accurate an I to execute I	d th:	at mv signati	ure shall have the same legal effect as if made under oath; that I am al quired by Chapter 607, Florida Statutes; and that my name appears in