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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P97000107797 (7)

DAVID EVANS CHARTERS, INC.

FILED Jun 24 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					a LOOKISTON 155 JOLIN SOOM OOKIN OOKIN 9010N JUDIN OI)	##
		926 SW MAGNOLIA BL PALM CITY FL 34990	926 SW MAGNOLIA BLUFF DR PALM CITY FL 34990		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 12/22/1997		
2. Principat P	Place of Business	2a. Mailing Address			4. FEI Number	MAD.	plied For
21 926 SW Magnolia 26 SAM			IE		101		t Applicable
the state of the s		Suite, Apt. #, etc.	ile, Apt. #, etc.			\$8.75 A	
22 Bla	27			5. Certificate of Status Desired	Fee Re		
23 \$ P 1	In City 71	City & State	В		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
ZIP MASTILL		Zip Country		У	8. This corporation owes or has paid the current year Intangible		
9. Name and Address of Current Registe		29 Registered Agent	30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent		
EV		nogrationed Agent	81	Name	10. Italie and Address of New Registered	Agent	
EVANS, DAVID 926 SW MAGNOLIA BLUFF DR							
PALM CITY FL 34990			82	Street A	et Address (P.O. Box Number is Not Acceptable)		
			83	3			
			84	City		85 Zip C	3ada
				,	FL	_ ' '	
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 register 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 registere agent. I am familiar with, and accept the obligations of, Section 667,0505, Florida Statutes.							s registered registered
SIGNATURE	DAVID E FU	ANS Dan	1 2	[]~~	May	27 19	98
Signature, hybrid or protest name of regulated agon) and title diapplicable (NOT). OFFICERS AND DIRECTORS				Biglistered Agent signature required when reinstating) 13. ADDITIONS/CHANGES TO OFFICE S AND DIRECTORS IN 12			S IN 12
TITLE	PSTD	DELETE 1.1 T			7100110701101101010711	Change	Addition
NAME	EVANS, DAVID		1.2 NAME	1			
STREET ADDRESS 926 SW MAGNOLIA BLUFF DR			1.3 STREE	I ADDRESS			
CITY-ST-ZIP PALM CITY FL 34990			1.4 CITY -	ST - ZIP			
TITLE	L Df		2 1 TOLE			Change	Addition
NAME			2.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-\$T-ZIP			2.4 CITY-	ST-ZIP		Change	Addition
NAME		☐ beceit	3.1 TIFLE 3.2 NAME			∟ Change	Addition
STREET ADDRESS				T ADDRESS			
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TIFLE		DELETE	4.1 TITLE	31-EII		Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY - 1	ST-ZIP			
TITLE		☐ DELETE	5.1 FITLE			Change	Addition
NAME			5.2 NAME	ľ			
STREET ADDRESS			5.3 STREE	ADDRESS			
CITY-ST-ZIP			5.4 CITY-1	\$1 - ZIP			
TITLE		☐ DELETE	6.1 TITLE	İ	But the Secretary and the Contract of the Cont	Change	Addition
NAME			62 NAME		900000000 0000000000000000000000000000	an Rijak Gra	1004
STREET ADDRESS			6.3 STREET) [16.20
CITY-ST-ZIP	artify that the information supplied with	this Olina data not quality	6.4 CITY-5		本本本[[ii]], [ii]]	art at a start	<u> </u>

r nereby 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 informatio 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