

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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90217 046 ***150.00

DOCUMENT # P98000102206

1. Corporation Name

EVERGREEN HOMES OF NW FLORIDA, INC.

Principal Place of Business

25 WALTER MARTIN RD. NE
FT. WALTON BCH FL 32548

Mailing Address

25 WALTER MARTIN RD. NE
FT. WALTON BCH FL 32543

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/01/1998

4. FEI Number

59-3552681

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

22 225 MAIN ST STE #11

City & State

23 DESTIN FL

Zip

24 32541

Country

25

Suite, Apt. #, etc.

27 P.O. BOX 5497

City & State

28 DESTIN FL

Zip

29 32540

Country

30

9. Name and Address of Current Registered Agent

GRIMSLEY, JAMES W
25 WALTER MARTIN RD. NE
FT. WALTON BCH FL 32548

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOT E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME BONEZZI, ROBERT A
STREET ADDRESS 225 MAIN ST., SUITE 11
CITY-ST-ZIP DESTIN FL

TITLE ☐ DELETE

NAME DAVIS, MARVIN E
STREET ADDRESS 502 RIDGE LAKE RD.
CITY-ST-ZIP CRESTVIEW FL 32536

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME President
1.3 STREET ADDRESS Bonezzi, Robert A.
1.4 CITY-ST-ZIP 225 Main St., Suite 11
Destin, FL 32541

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Vice-President
2.3 STREET ADDRESS Davis, Marvin E.
2.4 CITY-ST-ZIP 502 Ridge Lake Rd.
Crestview, FL 32536

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.2.99

Date

850.650.4725

Daytime Phone #

CR2E034 (1/98)