

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S46420 (3)

1. Corporation Name:

NEVAR CORPORATION

Principal Place of Business:

**2510 E. HWY 60
VALRICO FL 33594
US**

Mailing Address:

**2510 E. HWY 60
VALRICO FL 33594
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/17/1991	3a. Date of Last Report 04/01/1994
4. FEI Number 59-3060934	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 has liability for intangible tax under S. 199.032, Florida Statutes. ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

**CALKINS, STEVEN
2510 E. HWY 60
VALRICO FL 33594**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	

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 Sections 607.0502, Florida Statutes.

SIGNATURE

Steve Calkins

4/26/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	CALKINS, STEVEN	1.2 NAME	
STREET ADDRESS	2510 E. HWY 60	1.3 STREET ADDRESS	
CITY, ST, ZIP	VALRICO FL	1.4 CITY, ST, ZIP	
TITLE	TS	2.1 TITLE	☒ Change ☐ Addition
NAME	MURPHY, DEBRA	2.2 NAME	<i>MURPHY, DEBRA</i>
STREET ADDRESS	2510 E. HWY 60	2.3 STREET ADDRESS	<i>2510 E. Hwy 60</i>
CITY, ST, ZIP	VALRICO FL	2.4 CITY, ST, ZIP	<i>VALRICO FL</i>
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 190.07(1)(b), 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 190, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE:

Steve Calkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95

813-654-3482