FILED Apr 01, 1999 8:00 am Secretary of State

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## 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** 

## DOCUMENT # V19295 1. Corporation Name

EVANS REALTY, INC.

Principal Place of Business Mailing Address							
420 N. COMMONWEALTH		15399 EVANS RANCH RD					
POLK CITY FL		LAKELAND FL 33809 US					
						DO NOT WRITE IN THIS SPACE	$\neg$
	•					3. Date Incorporated or Qualifed	
						03/06/1992	
2. Principal Pi	ace of Business	2a. Mailing Address				4. FEI Number Applied For	4
21		26				59-2755639   Not Applicable	<u>'</u>
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired  \$8.75 Additional Fee Required		
22		27				$\dashv$	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution Added to Fees	,-	
23   Zip	Country	Zip Country				This corporation owes the current year Intangible	┨
¬ '		29	<b>-</b>			Personal Property Tax.	
24	9. Name and Address of Curren		1301			10. Name and Address of New Registered Agent	┪
	o. Idanie and Address of Outlon	. regionion regains	8	11	Name		٦
EVAI	NS, PERRY M		_	_		CO D N I I I I I I I I I I I I I I I I I I	
1539	9 EVANS RANCH RD		8	32	Street Addre	ress (P.O. Box Number is Not Acceptable)	
SUITE 301			8	33		The state of the s	٦
LAKELAND FL 33809			L				4
			8	34	City	FL 85 Zip Code	
11 Purcuant	to the provisions of Sections 607 050	2 and 607.1508. Florida Statut	tes, the abo	l. ove-	-named corpo	poration submits this statement for the nurpose of changing its registered	┨
office or r	egistered agent, or both, in the State of familiar with, and accept the obligation	of Florida. Such change was a	iuthorized t	ov t	ne corporatio	on's board of directors. I hereby accept the appointment as registered	
agent. i a	m ramiliar with, and accept the congai	lions or, Section 607.0505, Fic	nica Sialuk	C3.			
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	: Registered Ap	gent	signature required	ed when reinstating) DATE	- 1
12.	OFFICERS AN		13.	-		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD:	☐ DELETÉ	1.1 TITLE	E		☐ Change ☐ Addition	אנ
NAME	EVANS, PERRY M.	,	1.2 NAM	E		•	-
STREET ADDRESS	15399 EVANS RANCH RD		1.3 STRE	EET/	ADDRESS		
CITY-ST-ZIP	LAKELAND FL		1.4 CITY	-ST-	-ZIP		
TITLE			2.1 TITLE	2.1 TITLE		☐ Change ☐ Addition	nc
NAME	EVANS, BONNIE S.		2.2 NAM	E		•	- (
STREET ADDRESS	15399 EVANS RANCH RD		2.3 STRE	EET/	ADDRESS		-
CITY-ST-ZIP	LAKELAND FL	•	2. 4 CITY	/-ST	r-ZiP		
TITLE		☐ DELETE	3.† TITLE	E		☐ Change ☐ Addition	n(
NAME	n n <del>ee</del> neeg, To washe who	: <u> </u>	3.2 NAM	É -		ا تا ما المسلم الموليات المسلمة المسلمة المسلمة الما الما الما الما الما الما الما ا	
STREET ADDRESS	_		3.3 STRE	EET,	ADDRESS		
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TITLE		☐ DELETE	4.1 TITLE	E		· Change Addition	nc
NAME	•		4. 2 NAN	Æ			
STREET ADDRESS			4.3 STRI	EET,	ADDRESS	•	
CITY-ST-ZIP			4.4 CITY	-ST-	-ZIP	·	
TITLE		☐ DELETE	5.1 TITLE			Change Addition	пс
NAME			5.2 NAM	E			
STREET ADDRESS			5.3 STRE	EET,	ADDRESS	· · ·	
CITY-ST-ZIP			5.4 CITY	-st	-ZIP		
TITLE		☐ DELETE	6.1 TITLE	E		☐ Change ☐ Addition	nc
NAME			6.2 NAM	Ε			أ
PEDEET ADDRESS			6.3 STRI	EET	ADDRESS		j

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 all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: