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

**PROFIT CORPORATION ANNUAL REPORT** 

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

Mailing Address

R. C. EVANS ENTERPRISES, INC.

(5)

**FILED** May 01 1998 8:00am Secretary of State



5100 N 9 AVE PENSACOLA I US		2201 OXFORD DR PENSACOLA FL 32503 US			DO NOT WRITE IN THIS SI 3. Date Incorporated or Qualified 04/21/1002	PACE	
6 Dalasta at D	Name of Dunings	On Mailing Address			04/21/1992 4. FEI Number		F
2. Principal P	Mace of Business  N. 9th AUE.	26. Mailing Address 26. 2201 OX FURO DR.		59-3121305	Applied F Not Appli		
Sulte, Apt.		Suite, Apt. #, etc.	0100	UK:		\$8.75 Addition	
22		27		5. Certificate of Status Desired	Fee Required		
City & State 23 PENSACOLA, FL		City & State 28 PENBACOLAS FC.		Election Campaign Financing     Trust Fund Contribution	Added to Fees		
Zip	Country	29 32503 3	Countr	161	8. This corporation owes or has paid the curre		9
24 <b>33</b> 5	9, Name and Address of Curren		0 4	- 111	Personal Property Tax due June 30.		
MOORHEAD, STEPHEN R. 81 Name							
4300 BAYOU BLVD				SO Curat Address (D.O. Day Number in Not Assessable)			
	E 12-13		82	Street Add	dress (P.O. Box Number is Not Acceptable)		
	NSACOLA FL 32503		83	,			
			84	City		85 Zip Code	
					<u>FL</u>		
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 (NOTE Registered Agent signature required when reinstalling)  DATE							
12.	OFFICERS AND		13.	en sgrature req.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 1:	2
TITLE	D	DELETE	1.1 TITLE				Addition
NAME	EVANS, ROBERT CRAIG	_	1.2 NAME			-	
STREET ADDRESS	2100 OXFORD DR		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY - ST - ZIP				
TITLE		☐ DELETE	2.1 TITLE			Change A	Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	T ADDRESS			
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP			
TITLE	<b>'</b>	DELETE	3.1 TITLE		l	Change Ad	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP		Dec Per	3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		i	Change Ad	Addition
NAME			4.2 NAME				
STREET ADDRESS			1	T ADDRESS			
CITY-ST-ZIP		DELETE	4.4 CITY - 5.1 TITLE	ST- ZIP		Change A	Addition
THLE			B .		•	الرسيا الواسات ال	140707011
NAME OTOPET ADDRESS			5.2 NAME	TADODECC			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP TITLE	_	DELETE	5.4 CITY- 6.1 TITLE	OI-EIF		Change A	Addition
NAME			6.2 NAME		•		
STREET ADDRESS	•			T ADDRESS			
CITY-ST-ZIP	7) 17 9		6.4 CITY -				
14. I hereby o	certify that the information supplied wi	th this filing does not qualify for	the exemp	otion stated in	n Section 119.07(3)(i), Florida Statutes. I further cert	ify that the inform	ation
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.							