# I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

OWNER

## SIGNATURE: JOSEPH M EVANS

Electronic Signature of Signing Officer/Director Detail

Entity Name: EVANS AUTOMOTIVE AND TIRE CENTER INC

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### **Current Principal Place of Business:**

**1585 PINECREST STREET** ST AUGUSTINE, FL 32084

DOCUMENT# P06000026924

#### **Current Mailing Address:**

**1585 PINECREST STREET** ST AUGUSTINE. FL 32084

### FEI Number: 20-4368500

#### Name and Address of Current Registered Agent:

EVANS, JOSEPH M 440 KELLER LANE ST AUGUSTINE, FL 32086 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

#### SIGNATURE:

Electronic Signature of Registered Agent

### **Officer/Director Detail :**

Title	PRES	Title	VPRE
Name	EVANS, JOSEPH M	Name	EVANS, STEPHANIE K
Address	440 KELLER LANE	Address	440 KELLER LANE
City-State-Zip:	ST AUGUSTINE FL 32086	City-State-Zip:	ST AUGUSTINE FL 32086

FILED Apr 26, 2018 Secretary of State CC3001931294

Certificate of Status Desired: No

Date

04/26/2018

Date