

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 293714 (2)

1. Corporation Name

M. E. STEPHENS III, INC.



Principal Place of Business

2632 CHICAGO AVE.
SEBRING FL 33870

Mailing Address

2632 CHICAGO AVE.
SEBRING FL 33870

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25

2a. Mailing Address

26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 30

3. Date Incorporated or Qualified

06/08/1965

3a. Date of Last Report

02/03/1995

4. FEI Number

59-1110008

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

9. Name and Address of Current Registered Agent

STEPHENS III, M E
2632 CHICAGO AVE.
SEBRING FL 33870

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 types in permanent black ink on the right-hand side of the page.)

(NOTE: Registered Agent signature required when re-registering.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	T	☐ DELETE
NAME	STEPHENS, NANCY BETH	
STREET ADDRESS	2632 CHICAGO AVE	
CITY-ST-ZIP	SEBRING, FL 00000	
TITLE	PD	☐ DELETE
NAME	STEPHENS III, M E	
STREET ADDRESS	2632 CHICAGO AVE	
CITY-ST-ZIP	SEBRING, FL 00000	
TITLE	DV	☐ DELETE
NAME	STEPHENS IV, M E	
STREET ADDRESS	1021 S E LAKEVIEW DR	
CITY-ST-ZIP	SEBRING, FL 00000	
TITLE	D	☐ DELETE
NAME	STEPHENS, NANCY BETH	
STREET ADDRESS	2632 CHICAGO AVE	
CITY-ST-ZIP	SEBRING, FL 00000	
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	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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. (If changed, attach with an address.)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-73-96 813-385-8329
Date of Filing

CR2E034 (12/95)