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

**PROFIT** CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1998 P96000048552 (9)

| Principal Pla   | NUISE CONSTRUCTION, IN                         | Mailing Address     |                                  |  |                              |
|---|--|---------------------|----------------------------------|--|------------------------------|
| 106 FAIRWAY CIRCLE NAPLES FL 33942  106 FAIRWAY CIRCLE NAPLES FL 33942  |  |                     | DO NOT WRITE IN THIS SPACE       |  |                              |
|   |  |                     |                                  | 3. Date Incorporated or Qualified                                      | THOU ACE                     |
|   |  |                     |                                  | 06/04/1996   |                              |
| 2. Principal  | Place of Business                              | 2a. Mailing Address |                                  | 4. FEI Number  | Applied For                  |
| 21  |  | 26                  |                                  | 59-3407317   | Not Applicable               |
| Suite, Ap   | t. #, etc.                                     | Suite, Apt. #, etc. |                                  | 6. Certificate of Status Desired                                       | \$8.75 Additional            |
| 27  |  | .,,                 | St. Contribute of Glades Best of | Fee Required   |                              |
| City & St   | ate  | City & State        |                                  | 6. Election Campaign Financing   | \$5.00 May Be                |
| 23  | Country  | 28 Zip              | Country                          | Trust Fund Contribution L  |                              |
| Zip<br>24   | h  | 29                  | —¬                               | 8. This corporation owes or has paid the                               | ne current year Intangible [ |
| 24  | 9, Name and Address of Cur                     |                     | 30                               | Personal Property Tax due June 30.  10. Name and Address of New Regist |                              |
| STEVINS, RICHARD 81 Name  |  |                     |                                  | 10, realis and second of state stages                                  |                              |
| 106 FAIRWAY CIRCLE  |  |                     |                                  | 7000   |                              |
| NAPLES FL 33942   |  |                     | 82 Street Add                    | Iress (P.O. Box Number is Not Acceptable)                              | }                            |
| ,,,   | 74 EES 1 E 00072                               |                     | 83                               |  |                              |
|   |  |                     |                                  |  | 1501 7: O-1                  |
|   |  |                     | 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 |  |                     |                                  |  |                              |
| 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, typud or printed name of registered |                     | Registered Agent signature requ  |  | ATE                          |
| 12.   |  | AND DIRECTORS       | 13.                              | ADDITIONS/CHANGES TO OFFICERS  |                              |
| TITLE   | VTD PIOUS                                      | ☐ DELETE            | 11 TIFLE                         |  | Change Addition              |
| NAME  | STEVINS, RICHARD                               |                     | 1.2 NAME                         |  |                              |
| STREET ADDRESS  |  |                     | 1.3 STREET ADDRESS               |  | Į.                           |
| CITY-ST-ZIP   | NAPLES FL 33942                                | DELETE              | 1.4 CITY-ST-ZIP                  |  | Change Addition              |
| TITLE   | VD CTEMBO IFABILEED                            |                     | 2.1 TITLE                        |  | Change C Addition            |
| NAME  | STEVINS, JENNIFER 106 FAIRWAY CIRCLE           |                     | 2.2 NAME                         |  |                              |
| STREET ADDRESS  | NAPLES FL 33942                                |                     | 2 3 STREET ADDRESS               |  |                              |
| CITY-ST-ZIP<br>TITLE  | PSD PSD  | DELETE              | 2. 4 CITY-ST-ZIP<br>3.1 TITLE    |  | Change Addition              |
| NAME  | STEVINS, VICKI                                 | _ beect             | 3.2 NAME                         |  | orango ragition              |
| STREET ADDRESS  | 1  |                     | 3.3 STREET ADDRESS               |  |                              |
| CITY-SI-ZIP   | NAPLES FL 33942                                |                     | 34. CITY-ST-ZIP                  |  |                              |
| TITLE   | VD   | DELETE              | 41 TITLE                         | , , , , , , , , , , , , , , , , , , ,                                  | Change Addition              |
| NAME  | STEVINS, SAMANTHA                              | <del></del>         | 4. 2 NAME                        |  |                              |
| STREET ADDRESS  |  |                     | 4.3 STREET ADDRESS               |  |                              |
| CITY-SI-ZIP   | NAPLES FL 33942                                |                     | 4.4 CITY - ST - ZiP              |  |                              |
| TITLE   | 1  | DELETE              | 5.1 TITLE                        |  | Change Addition              |
| NAME  | 1  |                     | 5.2 NAME                         |  |                              |
| STREET ADDRESS  | ; ]  |                     | 5.3 STREET ADDRESS               |  |                              |
| CITY-\$1-ZIP  |  |                     | 5.4 CITY-ST-ZIP                  |  |                              |
| TITLE   |  | DELETE              | 6.1 TITLE                        |  | ☐ Change ☐ Addition          |
| NAME  | 1  |                     | 6.2 NAME                         |  |                              |
| PERFECT ADDRESS   | . I  |                     | P 3 CYDEET ADDDECC               |  |                              |

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.

4/16/98

(941)592 - 1717

**FILED** 

Apr 24 1998 8:00am

Secretary of State