FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995 4-25-95

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

APPROVED AND FILED
95 APR 29 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 202885 (0)

1. Corporation Name

R C STEVENS CONSTRUCTION COMPANY

Principal Place of Business	Mailing Address
3333 LAWRENCE AVE. P.O. N BOX 5688 ORLANDO FL 32805-2028	3333 LAWRENCE AVE. P O BOX 555688 ORLANDO FL 32855 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/25/1957
3a. Date of Last Report: 02/21/1994

2. Principal Place of Business
21 3333 Lawrence Avenue
Suite, Apt. #, etc. 22
City & State 23 Orlando, FL 32805-2028
Zip 24 32805-2028 County 25 USA

2a. Mailing Address
26 P.O. Box 555688
Suite, Apt. #, etc. 27
City & State 28 Orlando, FL 32855-5688
Zip 29 23855-5688 County 30 USA

4. FEI Number: 59-0805208 ☐ 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

7. This corporation has liability for intangible tax under C. 199.032, Florida Statutes XX Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SMITH, DAVID J 4146 CONWAY PLACE CIR ORLANDO FL 32812	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VTSD	11 TITLE		☐ Change ☐ Addition
NAME	KEATING, TIMOTHY M.	12 NAME		
STREET ADDRESS	1236 LOG LANDING DR	13 STREET ADDRESS		
CITY-ST-ZIP	OCOEE FL	14 CITY-ST-ZIP		
TITLE	CD	21 TITLE	Director	XX Change ☐ Addition
NAME	STEVENS, J ALLYN	22 NAME	Stevens, J Allyn	
STREET ADDRESS	2919 NELA AVE	23 STREET ADDRESS	2919 Nela AVenue	
CITY-ST-ZIP	ORLANDO, FL 00000	24 CITY-ST-ZIP	Orlando, FL	
TITLE	PD	31 TITLE		☐ Change ☐ Addition
NAME	SMITH, DAVID J	32 NAME		
STREET ADDRESS	4146 CONWAY PLACE CIRCLE	33 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 00000	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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, or on an attachment with an address.

SIGNATURE: David J. Smith, President 407-299-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0410708 FP