

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

**FILED**

**Apr 17 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 202885 (0)**  
 1. Corporation Name  
**R C STEVENS CONSTRUCTION COMPANY**



Principal Place of Business <b>3333 LAWRENCE AVE. ORLANDO FL 32855 US</b>	Mailing Address <b>PO BOX 555688 ORLANDO FL 32855-5688 US</b>
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3. Date Incorporated or Qualified <b>05/25/1957</b>	3a. Date of Last Report <b>03/20/1996</b>
4. FEI Number <b>59-0805208</b>	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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**9. Name and Address of Current Registered Agent**  
**SMITH, DAVID J**  
**3333 LAWRENCE AVE.**  
**ORLANDO FL 32855**

**10. Name and Address of New Registered Agent**  
 B1 Name  
 B2 Street Address (P.O. Box Number is Not Acceptable)  
 B3  
 B4 City  
**FL** B5 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>KEATING, TIMOTHY M.</b>
STREET ADDRESS	<b>1238 LOG LANDING DR</b>
CITY - ST - ZIP	<b>OCFEE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>STEVENS, J ALLYN</b>
STREET ADDRESS	<b>2019 NELA AVE</b>
CITY - ST - ZIP	<b>ORLANDO, FL 00000</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>SMITH, DAVID J</b>
STREET ADDRESS	<b>4148 CONWAY PLACE CIRCLE</b>
CITY - ST - ZIP	<b>ORLANDO, FL 00000</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE
NAME	<b>ABELL, STEPHANIE B</b>
STREET ADDRESS	<b>14424 TILDEN RD</b>
CITY - ST - ZIP	<b>WINTER GARDEN FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>KEATING, TIMOTHY M.</b>
1.3 STREET ADDRESS	<b>802 TILDENVILLE SCHOOL ROAD</b>
1.4 CITY - ST - ZIP	<b>WINTER GARDEN, FL 34787</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: Stephanie B. Abell **ACQUIRED** 3/24/97 (407) 299-3800  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)