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May 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 202885 (0)
1. Corporation Name
R C STEVENS CONSTRUCTION COMPANY

Principal Place of Business Mailing Address
3333 LAWRENCE AVE. PO BOX 555688
ORLANDO FL 32855 ORLANDO FL 32855
US US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/25/1957
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
8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

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
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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------|---|--|
| TITLE | VD | 1.1 TITLE | |
| NAME | KEATING, TIMOTHY M. | 1.2 NAME | |
| STREET ADDRESS | 802 TILDENVILLE SCHOOL ROAD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | WINTER GARDEN FL | 1.4 CITY-ST-ZIP | |
| TITLE | D | 2.1 TITLE | |
| NAME | STEVENS, J ALLYN | 2.2 NAME | |
| STREET ADDRESS | 2919 NELA AVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO, FL 00000 | 2.4 CITY-ST-ZIP | |
| TITLE | PD | 3.1 TITLE | |
| NAME | SMITH, DAVID J | 3.2 NAME | |
| STREET ADDRESS | 4146 CONWAY PLACE CIRCLE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO, FL 00000 | 3.4 CITY-ST-ZIP | |
| TITLE | ST | 4.1 TITLE | |
| NAME | ABELL, STEPHANIE B | 4.2 NAME | |
| STREET ADDRESS | 14424 TILDEN RD | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | WINTER GARDEN FL | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. 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.

SIGNATURE:

Stephanie Abell

4/28/98 407-299-3800

CR2E034 (10/97)