

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

FILED

Apr 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 329158 (0)
1. Corporation Name
C.R. STEVENS, INC.



Principal Place of Business
17603 SAN CARLOS BLVD.
FT. MYERS BEACH FL 33931

Mailing Address
17603 SAN CARLOS BLVD.
FT. MYERS BEACH FL 33931-3019

3. Date Incorporated or Qualified 04/22/1968
3a. Date of Last Report 04/15/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26 1318 Bougainvillea St.,		59-1218185		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution			
23		28 Fort Myers, Florida		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Zip					
24		29 33901		30			
Country		Country					
25		30					

9. Name and Address of Current Registered Agent

STEVENS, C R
1318 BOUGAINVILLEA
FT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	STEVENS, C R	1.2 NAME	
STREET ADDRESS	1318 BOUGAINVILLEA ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT MYERS FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	
NAME	WYBLE, JOSEPH N	2.2 NAME	
STREET ADDRESS	17603 SAN CARLOS BLVD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT MYERS BCH FL	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	
NAME	STEVENS, PETER J.	3.2 NAME	
STREET ADDRESS	209 PARKVIEW RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	SEBRING FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		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 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:

Signature and typed or printed name of signing officer or director
Charles H. Stevens, Pres.

4/2/97

Date

941-466-3818

Daytime Phone #

CR2E034 (9/96)