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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 353035

WILLIAM G. STEVENS, INC.

Principal Place of Business	Mailing Address
189 US HIGHWAY 1	189 US HIGHWAY 1
P.O. BOX 2128	P.O. BOX 2128
KEY WEST FL 33040	KEY WEST FL 33040

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90028 031 ***158.75



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Zip Code

189 US HIGHWAY 1 P.O. BOX 2128 P.O. BOX 2128 KEY WEST FL 33040 KEY WEST FL 33040			DO NOT WRITE IN THIS SF	PACE		
			 Date Incorporated or Qualified 09/30/1969 			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For		
21 3201 FLAGLER AVE	26 PO BOX 2128		59-1285519	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional Fee Required		
22 SUITE 506 City & State 23 KEY WEST FL	27	=L	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country 24 33040 25 USA	Zip Cou	untry USA	This corporation owes the current year Intangersonal Property Tax.	gible Yes □No		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
STEVENS, MATHILDA S. 22 KEY HAVEN ROAD			ess (P.O. Box Number is Not Acceptable)			
KEY WEST FL 33040		83				

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.

City

-9						
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	egistered Agent signature requ	ired when reinstating)	DATE		
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	PST DELETE	1.1 TITLE		☐ Change	Addition	
NAME	STEVENS, MATHILDA S	1.2 NAME		•		
STREET ADDRESS	22 KEY HAVEN RD	1.3 STREET ADDRESS				
CITY-ST-ZIP	KEY WEST FL	1.4 CITY-ST-ZIP				
TITLE	D DELETE	2.1 TITLE		Change	☐ Addition	
NAME	STEVENS, MATHILDA S	2.2 NAME			ĺ	
STREET ADDRESS	22 KEY HAVEN ROAD	2.3 STREET ADDRESS		-		
CITY-ST-ZIP	KEY WEST FL	2. 4 CITY-ST-ZIP				
TITLE	DELETE	3.1 TITLE		☐ Change	☐ Addition	
NAME		3.2 NAME				
STREET ADDRESS		3.3 STREET ADDRESS				
CITY-ST-ZIP		3.4. CITY-ST-ZIP				
TITLE	☐ DELETE	4.1 TITLE		☐ Change	☐ Addition	
NAME		4. 2 NAME			į	
STREET ADDRESS		4.3 STREET ADDRESS			ľ	
CITY-ST-ZIP		4.4 CITY-ST-ZIP				
TITLE	☐ DELETE	. 5.1 TITLE		Change	☐ Addition	
NAME		5.2 NAME				
STREET ADDRESS		5.3 STREET ADDRESS	• -			
CITY-ST-ZIP		5.4 CITY-ST-ZIP				
TITLE	☐ DELETE	6.1 TITLE		☐ Change	☐ Addition	
NAME		6.2 NAME				
STREET ADDRESS		6.3 STREET ADDRESS		•		
CITY-ST-ZIP		6.4 CITY-ST-ZIP				
14 I hereby o	ertify that the information supplied with this filing does not qualify for the	ne exemption stated in	n Section 119.07(3)(i), Florida Statutes. I f	urther certify that the in	formation .	

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 in stee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 18 if changed, or on an affactment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/1999 (305) 294-5121 Date Daytime Phone # CR2E034 (11/98)