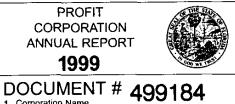
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90159 023 ***150.00



STEVENS	son construction co.,	INC.							
Principal Place	of Business	Mailing Address					HI OFOT BYOT O	SIL BIBIL BEGUL BUI) 3
RT 4 BOX 1000 RT 4 BOX 1000 P.O. BOX 1178 P.O. BOX 1178 STARKE FL 32091 STARKE FL 32091						DO NOT WRI	TE IN THIS	SPACE	
						3. Date Incorporated or Qualifed 03/17/1976			ļ
		A Marillan Adulance				4. FEI Number		Apr	lied For
2. Principal P	Principal Place of Business 2a. Mailing Address 26					59-1655488			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Ad Fee Red	
City & Stat		City & State				e Flortion Campaign Financing		\$5.00	May Bo
City & Stat	e	28				6. Election Campaign Financing Trust Fund Contribution		Added to	, ,
Zip	Country	Zip	Cour	ntry		This corporation owes the curr	ent year Int		_ 1
24	25	29	30			Personal Property Tax.			□No
	9. Name and Address of Currer	t Registered Agent				10. Name and Address of New I	Registered	Agent	
CTE\				81	Name				
STEVENSON,W.W. RT 4 BOX 1000			Ī	82	Street Address (P.O. Box Number is Not Acceptable)				
STAF	RKE FL 32091		Ī	83					
			i	84	City		FL	85 Zip C	
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligation	of Florida. Such change was au	unorizea	Dy	the corporati	poration submits this statement for the on's board of directors. I hereby acce	pr trie appor	ntment as reg	gistered
	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	<u> </u>	Agen	t signature require	ed when reinstating)	DATE		
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	PD	☐ DELETE	1.1 111	LE				Change	☐ Addition
NAME	STEVENSON,W.W.		1.2 NA	ME				•	}
STREET ADDRESS	RT 4 BOX 1000		1.3 STI	REET	T ADDRESS				
CITY-ST-ZIP	STARKE FL		1.4 CIT	Y-ST	T-ZIP			<u> </u>	
TITLE			2.1 TIT	2.1 TITLE		•		Change	☐ Addition
NAME	STEVENSON,C.M.		2.2 NA	ME					}
STREET ADDRESS			2.3 ST	REET	T ADDRESS				
CITY-ST-ZIP	STARKE FL		2. 4 Cf	TY-S	ST-ZIP	·			
TITLE		☐ DELETE	3.1 717	LE.				☐ Change	☐ Addition
NAME			3.2 NA	ME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		☐ DELETE	3.4. CI	_	ST-ZIP			Change	Addition
TITLE		C) Derese	4.1 TIT						
NAME			4.2 NA		***************************************				ļ
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		☐ DELETE	4.4 CIT 5.1 TIT	_	1-211			Change	Addition
TITLE			5.1 III						_
NAME					TADORESS				
STREET ADDRESS			5.4 CIT		- 1				j
CITY-ST-ZIP		DELETE	6.1 TIT					☐ Change	Addition
TITLE			6.2 NA					_ ,	_
NAME STREET ADDRESS					TADORESS				
CINCL POUNCO			_						

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 arrhyel 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 receive of 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 chapted, or on an attachment with an address, with all other like empowered.

Description

**Descripti

6.4 CITY-ST-ZIP

SIGNATURE: /