2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 499184

1. Entity Name

Zip

SIGNATURE

11.

TITLE

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NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIE

STEVENSON.W.W.

9. This corporation is eligible to satisfy its Intangible

STEVENSON, W.W.

STEVENSON, C.M.

RT 4 BOX 1000

RT 4 BOX 1000

STARKE FL

STARKE FL

Tax filing requirement and elects to do so.

RT 4 BOX 1000 STARKE FL 32091

(See criteria on back)

PD

STD

STEVENSON CONSTRUCTION CO., INC.

Country

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

Mailing Address Principal Place of Business RT 4 BOX 1000 4 BOX 1000 P.O. BOX 1178 P.O. BOX 1178 STARKE FL 32091-1178 STARKE FL 32091 BOT THE WILLS YES 3: Mailing Address 2. Principal Place of Business 程序 程序 编码 (如中 ** Suite, Apt. #, etc Suite, Apt. #, etc. City & State City & State

Zip

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Delete

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12.

TITLE

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NAME STREET ADDRESS

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STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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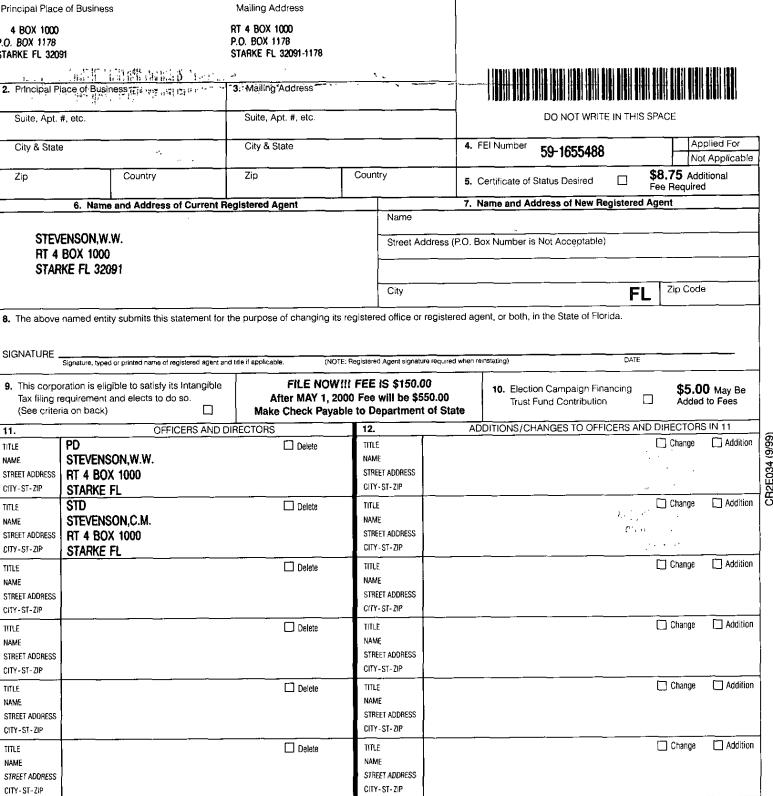
CITY-ST-ZIP

Name

City

FILED Mar 14, 2000 8:00 am **Secretary of State**

03-14-2000 90010 032 ***150.00



13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report of supplemental 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 recute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if er like empowered.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

DUMCU SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR