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Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F60945

(5)

1. Corporation Name

STEVENS ELECTRIC, INC.



Principal Place of Business

Mailing Address

312 E CASTLE ST
ORLANDO FL 32809

312 E CASTLE ST
ORLANDO FL 32809-5044

3. Date Incorporated or Qualified

01/01/1982

3a. Date of Last Report

04/16/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEVENS, JOHN S.
312 E. CASTLE ST.
ORLANDO FL 32809

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 of the 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 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME STEVENS, CHRISTY I.

1.2 NAME

STREET ADDRESS 312 E CASTLE ST

1.3 STREET ADDRESS

CITY- ST- ZIP ORLANDO FL

1.4 CITY- ST- ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME STEVENS, JOHN S

2.2 NAME

STREET ADDRESS 312 E CASTLE ST

2.3 STREET ADDRESS

CITY- ST- ZIP ORLANDO, FL 00000

2.4 CITY- ST- ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME STEVENS, MARGARET

3.2 NAME

STREET ADDRESS 312 E CASTLE ST

3.3 STREET ADDRESS

CITY- ST- ZIP ORLANDO, FL 00000

3.4 CITY- ST- ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

4.2 NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ DELETE

4.3 STREET ADDRESS ☐ Change ☐ Addition

CITY- ST- ZIP ☐ DELETE

4.4 CITY- ST- ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

5.2 NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ DELETE

5.3 STREET ADDRESS ☐ Change ☐ Addition

CITY- ST- ZIP ☐ DELETE

5.4 CITY- ST- ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

6.2 NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ DELETE

6.3 STREET ADDRESS ☐ Change ☐ Addition

CITY- ST- ZIP ☐ DELETE

6.4 CITY- ST- ZIP ☐ Change ☐ Addition

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

JOHN S. STEVENS

4-14-97

(407) 857-1766

Date

Daytime Phone #

CR2E034 (9/96)