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PROFIT CORPORATION ANNUAL REPORT



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

1996

(6)

DOCUMENT #

1. Corporation Name

STEVENS & ASSOCIATES, INC. Principal Place of Business Mailing Address See CORP. CIRCLE											
5826 CORP. CIRCLE FORT MYERS FL 33905				5826 CORP. CIRCLE FORT MYERS FL 33905							
								3. Date incorporated or Qualified 09/16/1986	3a. Date	of Last Rep 05/01/19	port 1 95
2. Principal Pla	ace of Busine	988	28.	Mailing Address		—		4. FEI Number 59-2724679	1	h	Applied For
21			26					33 2124010			Not Applicable Additional
Suite, Apt. ۱	#, etc.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired			Required
City & State	3			City & State				6. Election Campaign Financing		\$5.00	May Be
23			28					Trust Fund Contribution			to Fees
Zıp	Country			Zip		Country		This corporation has liability for intangible tax under s 199.032, Florida Statutes			
4	- 51	and Address of Curren	29	barad Agant	30			Florida Statutes Yes 10. Name and Address of New R		Agent	
	9. Name	and Address of Curren	rnegia	stered Agent		81	Name				
STEVE	NS, DAVID) R.			-	00	Street Address	ss (P.O. Box Number is Not Acceptab	(ali		
5826 CORPORATION CRCL.						82	Street Addres	ress (M.O. Box Nulfider is Not Acceptable)			
FORT	MYERS FL	. 33905			ľ	83					
					ŀ	84	City			85 Zip	o Code
							•	tion submits this statement for the pu	FL	-	
familiar wi	ith, and acce	opt the obligations of, Sect for printed name of registered agent	and trie if	.0505, Florida Statutes.			signature required	of directors. I horeby accept the app when reinstaling ADDITIONS/CHANGES TO OFF	DATE		
12.	PSD	OFFICERS AN	D DIRE	[] DELETE	1.1 71	TLF		ADDITIONS OF ANALON OF		Change	Addition
TITLE NAME		ENS, DAVID R.			1.2 NA						
STREET ADDRESS	8380	GLENFINNAN CIRCLE	:		1381	REET A	ADDRESS				
CITY-ST-ZIP	1 1 1 1 1 1	MYERS FL			1.4 CI	1Y-ST	- ZIP				
TITLE	VD			☐ DELETE	2 1 71	TLE					
NAME	STEV			LJ DETEN						☐ Change	☐ Addition
		ENS, JANICE A.			2 2 NA				A.4	Change	Addition
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dicated 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 the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name in the hander of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name in the hander of the corporation or the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name is the hander of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name is the corporation of the corpor certify that the information indica oath; that I am an officer or steed appears in Block 12 or Block 13

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR