

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J46133** (1)

1. Corporation Name

SHELDON D. STEVENS, P.A.



Principal Place of Business

Mailing Address

**775 E. MERRITT ISLAND CSWY., SUITE 310
MERRITT ISLAND FL 32952**

**775 E. MERRITT ISLAND CSWY., SUITE 310
MERRITT ISLAND FL 32952**

3. Date Incorporated or Qualified
12/09/1986

3a. Date of Last Report
03/28/1995

2. Principal Place of Business

2a. Mailing Address

21 **160 McLeod Street**

26 **160 McLeod Street**

4. FEI Number

59-2746041

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23 **Merritt Island, FL**

28 **Merritt Island, FL**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24 **32953**

25 **Brevard**

29 **32953**

30 **Brevard**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEVENS, SHELDON D.

**775 E. MERRITT ISLAND CSWY., SUITE 310
MERRITT ISLAND FL 32952- 32953**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

160 McLeod Street

83

84 City

Merritt Island

FL

85 Zip Code

32953

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, typed or printed name of 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

☒ Change ☐ Addition

NAME **PD**

1 NAME

STREET ADDRESS **775 E. MERRITT ISLAND CSWY.**

12 NAME

CITY-ST-ZIP **MERRITT ISLAND FL**

13 STREET ADDRESS

160 McLeod Street

TITLE ☐ DELETE

14 CITY-ST-ZIP

Merritt Island, FL 32953

TITLE ☐ DELETE

2 NAME

NAME ☐ DELETE

22 NAME

STREET ADDRESS ☐ DELETE

23 STREET ADDRESS

CITY-ST-ZIP ☐ DELETE

24 CITY-ST-ZIP

TITLE ☐ DELETE

3 NAME

NAME ☐ DELETE

32 NAME

STREET ADDRESS ☐ DELETE

33 STREET ADDRESS

CITY-ST-ZIP ☐ DELETE

34 CITY-ST-ZIP

TITLE ☐ DELETE

4 NAME

NAME ☐ DELETE

42 NAME

STREET ADDRESS ☐ DELETE

43 STREET ADDRESS

CITY-ST-ZIP ☐ DELETE

44 CITY-ST-ZIP

TITLE ☐ DELETE

5 NAME

NAME ☐ DELETE

52 NAME

STREET ADDRESS ☐ DELETE

53 STREET ADDRESS

CITY-ST-ZIP ☐ DELETE

54 CITY-ST-ZIP

TITLE ☐ DELETE

6 NAME

NAME ☐ DELETE

62 NAME

STREET ADDRESS ☐ DELETE

63 STREET ADDRESS

CITY-ST-ZIP ☐ DELETE

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 as an attachment with an address.

SIGNATURE:

1/15/96

(407) 453-2221

SHELDON D. STEVENS, PRESIDENT/DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)