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 # J77032 (7)

1. Corporation Name
STILES-SOWERS CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
% DAVID N. SEXTON 1167 THIRD ST S NAPLES FL 33940	% DAVID N. SEXTON 1167 THIRD ST S NAPLES FL 33940

3. Date Incorporated or Qualified: 06/08/1987
3a. Date of Last Report: 04/19/1995

2. Principal Place of Business	2a. Mailing Address
21 10265 TAMIAMI TRAIL No.	26 10265 TAMIAMI TRAIL No.
Suite, Apt. #, etc. 22 SUITE #7	Suite, Apt. #, etc. 27 SUITE #7
City & State 23 NAPLES, FL	City & State 28 NAPLES, FL
Zip 24 33963 Country 25 USA	Zip 29 33963 Country 30 USA

4. FEI Number: 59-2826089 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

SEXTON, DAVID N.
1167 THIRD ST S
NAPLES FL 33940

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when registering) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	SOWERS, KEITH		1.2 NAME		
STREET ADDRESS	400 WILLETT AVE		1.3 STREET ADDRESS	10265 TAMIAMI TRAIL NORTH, #7	
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP		
TITLE	DST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	STILES, TERRY W.		2.2 NAME		
STREET ADDRESS	6400 N. ANDREWS		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		2.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	SOWERS, LINDA		3.2 NAME		
STREET ADDRESS	400 WILLETT AVE		3.3 STREET ADDRESS	10265 TAMIAMI TRAIL NORTH, #7	
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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: Richard Sowers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #