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

PROFIT (15) ANNUAL REPORT



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

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DOCUMENT #

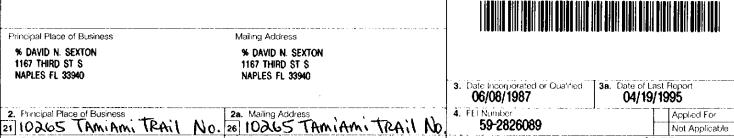
(7)

1. Corporation Name

STILES-SOWERS CONSTRUCTION, INC.

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Suite, Apt. #, etc.



5. Certificate of Status Desired

JULIA - 1	21 JK(18 7 1	ree nequired
City & State NAPLES, FL	City & State 28 NAPLES ,FL	6. Election Campaign Financing Trust Fund Contribution Added to Fees
33963 ZE Country USA	29 33963 30 Country	This corporation has lability for intangible tax under s 199.032, Florida Statutes
9. Name and Address of Curren	t Registered Agent	10. Name and Address of New Registered Agent
OFVECUS DAMES N	81 Name	
SEXTON, DAVID N. 1167 THIRD ST S	82 Street Add	dress (P.O. Box Number is Not Acceptable)
NAPLES FL 33940	83	
	84 City	85 Zio 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

	OFFICERS AND	DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
LF	PD	DELETE	1 1 TITLE	∑3 •Chan	ge 🔲 Additio	
ME	SOWERS, KEITH		1.2 NAME			
REET ADDRESS	400 WILLETT AVE		1.3 STREET ADDRESS	10265 TAMIAMI TRAIL NORTH, #7		
Y-ST-ZIP	NAPLES FL		1.4 CHY+S1+ ZIP			
.E	DST	☐ DELETE	2 1 TITLE	☐ Chan	ge 🔲 Additio	
1c	STILES, TERRY W.		2 2 NAME			
ET ADDRESS	6400 N. ANDREWS		2.3 STREET ADDRESS			
- ST - ZIP	FT LAUDERDALE FL		2.4 C/TY - ST - 7/P			
	DV	☐ DELETE	3 1 TITLE	Chan	g∈ ☐ Additic	
E	SOWERS, LINDA		3 2 NAME			
ET ADORESS	400 WILLETT AVE		3 3 STREET ADDRESS	∼ 10265 TAMIAMI TRAIL NORTH, #7		
- ST - ZIP	NAPLES FL		3 4 CiTY - S1 - ZiF	10200 Paristant 110		
•		DELÉTE	4 1 TITLE	Chan	ge 🔲 Addition	
E			4.2 NAME			
ET ADDRESS			4.3 STREET ADDRESS			
- S1 - ZIP			4.4 CITY - \$1 - ZIP			
		□ DEFEIF	5. 1 TOLE	Chan	ge 🔲 Addition	
E			5.2 NAME			
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-SI-7P			5.4 CHY - ST - ZIP			
		☐ DELETE	6 1 TITLE	☐ Chan	ge 🔲 Addition	
			6.2 NAME			
ET ADDRESS			6.3 STREET ADDRESS			
-S1-7IP			64 CITY - ST - Z-P			

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)(iv), Florida Statutes I further certify that the information indicated on this acqual report or supplemental armual 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 chapted, or on an attachment with an address.

SIGNATURE:

اسيدا ومالا TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(bythe Prince #

\$8.75 Additional