SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 08/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $370)

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
1995 AUG -3 AM 9:18
TALLAHASSEE, FLORIDA

DOCUMENT # K15499 (2)

1. Corporation Name

DALE STEVENSON CONSTRUCTION, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
~~10 WINCHESTER PLACE~~ ~~PALM COAST FL 32137~~ 1452 Pecos Drive Ormond Beach Fl 32174	~~10 WINCHESTER PLACE~~ ~~PALM COAST FL 32137~~ 1452 Pecos Drive Ormond Beach Fl 32174

3. Date Incorporated or Qualified: 02/18/1988
3a. Date of Last Report: 08/15/1994

2. Principal Place of Business
21: 1452 Pecos Dr
Suite, Apt. #, etc. 22:
City & State 23: Ormond Beach Fl
Zip 24: 32174 Country 25: USA

2a. Mailing Address
26: 1452 Pecos Drive
Suite, Apt. #, etc. 27:
City & State 28: Ormond Beach Fl
Zip 29: 32174 Country 30:

4. FEI Number: 59-2869985 ☐ 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

STEVENSON, DALE R.
10 WINCHESTER PLACE
PALM COAST FL 32137

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature is required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	President ☐ Change ☐ Addition
NAME	STEVENSON, DALE R.	12 NAME	
STREET ADDRESS	~~10 WINCHESTER PLACE~~	13 STREET ADDRESS	1452 Pecos Drive
CITY ST ZIP	~~PALM COAST FL~~	14 CITY ST ZIP	Ormond Beach Fl 32174
TITLE	V	21 TITLE	V. Pres ☐ Change ☐ Addition
NAME	GORDON, DON	22 NAME	
STREET ADDRESS	4 WASSON PL	23 STREET ADDRESS	21 Port Royal
CITY ST ZIP	PALM COAST FL	24 CITY ST ZIP	Palm Coast Fl. 32164
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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: Dale Stevenson 7/30 439-1283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0124893 FP