FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

Principal Place of Business 5378 E. ROBERTS RD AVON PARK FL 33825

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

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L91838

2a. Mailing Address

City & State

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Suite, Apt. #, etc.

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STEPHENSON CONSTRUCTION, INC.

Country

9. Name and Address of Current Registered Agent

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STEPHENSON, RICHARD 5378 E. ROBERTS ROAD

AVON PARK FL 33825

Mailing Address	
5378 E. ROBERTS RD	
AVON PARK FL 33825	

FILED Jan 28 1998 8:00am Secretary of State

	DO NOT WRITE	E IN THIS	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees
3.	Date Incorporated or Qualified 08/02/1990		
4.	FEI Number		Applied For
	59-3025559		Not Applicable
5.	Certificate of Status Desired		
6.	Election Campaign Financing Trust Fund Contribution		
A.	This corporation owes or has pa	aid the cu	rrent vear Intangible

Personal Property Tax due June 30 10. Name and Address of New Registered Agent

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

Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered

83

Country

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office or re agent. I ar	egistered agent, or both, in the State of Florida m familiar with, and accept the obligations of,	a. Such change was a Section 607.0505, Flo	iuthorized by the corporal orida Statutes.	tion's board of directors. I hereby accept the appointment as	registered
SIGNATURE					
12.	Signature, typed or printed name of registered agent and title if OFFICERS AND DIRECT		Registered Agent signature requi	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	9S IN 12
TITLE	PS	DELETE	1.1 TITLE	Change	Addition
NAME	STEPHENSON, RICHARD		1.2 NAME		·
STREET ADDRESS	5378 E. ROBERTS ROAD		1.3 STREET ADDRESS	•	
CITY-ST-ZIP	AVON PARK FL		1.4 CITY-ST-ZIP		
TITLE		DELETE	2.1 TITLE	Change	Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY - ST - ZIP		
TITLE		DELETE	31 INTLE	☐ Change	Addition
NAMÉ			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			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-\$T-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		

14. I hereby certify that the information supplied with this filing 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.

□ No