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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #	P93000028391	(9)
1. Corporation Name		` '

STEVENS LTD., INC. Principal Place of Business Mailing Address



5130 COMMERCIAL WAY SPRING HILL FL 34606		5130 COMMERCIAL WAY SPRING HILL FL 34606				
					3. Date Incorporated or Qualified 04/16/1993	3a. Date of Last Report 05/01/1995
2. Principal Plac	co of Business	2a. Mailing Address			4. FEI Number	Applied For
1		26			59-3175266	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		,	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζφ	Country	Zip	Country		This corporation has liability for Florida Statutes	intangible tax under s 199.032, s □ No
4	25 9. Name and Address of Currer	29 Appletered Agent	30		10. Name and Address of New F	
101 S M	JOHN M AIN ST SVILLE FL 34601		81 82 83	Street Addr	ress (P.O. Box Number is Not Acceptat	(akc)
			84	City		FL 85 Zip Code
	Signaturic typed or priction name of registered auton OFFICERS AN	t and title if approache (NOTE Registered Age	nt signature require		DATE FICERS AND DIRECTORS IN 12
12.	D	DELETE	1. 1 TITLE	12	resident	☐ Chance ☑ Addition
NAME STREET ADDRESS	STEVENS, DONN M 12136 LANDFAIR ST	_,	1.2 NAME 1.3 STREE	T ADDRESS		
CIPY - ST - ZIP	SPRING HILL FL	ED OUTE	1.4 CITY -	ST · ZIP	de- Precident	☐ Chance ☐ Addition
TITLE	D COLUMN COLUMN COLUMN	DELETE	2 1 1171.5		OE THE TORPE	Dianto Z Mannon
NAME STHEFT ADORESS	STEVENS, SHANNON W 12136 LANDFAIR ST			T ADDRESS		
CITY - ST - ZIP	SPRING HILL FL	DELETE	2 4 CITY- 3 1 TITLE			. Change Addition
TITLE		L beat	3.2 NAME			
NAME AND A MARGAGO				ET ADDRESS		
STREET ADDRESS			3 4 City-			
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NAME			4.2 NAME			
STREET ADDRESS			4.3 STREE	T ADDRESS		
CHY-ST-ZIP			4.4 CiTY-	ł		
TITLE		DELETE	5 1 THYLE			Change Addition
NAME		-	5.2 NAME			
STREET ADDRESS			53 STREE	T ADDRESS		
CITY- ST-ZIF			5.4 CITY			
TITLE		DELETE	6. 1 7t1LE			Change Addition
NAME		_	6.2 NAME			
STREET ADDRESS			6.3 \$TRE	ET ADDRESS		
C11V C1 7ID			64 OTY	ST-7IP		
CITY-S1-ZIP	L v certify that the information supplied	Lwith this filing is voluntarily for	urnished and do	es not qualify	for the exemption stated in Section 11	9.07(3)(k), Florida Statutes. I further

ruo hereby certify that the information supplied with this lining is voluntarily runtilished and does not quality for the exemption stated in Section 119.07(5)(4), Fronda Statutes. 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 changes or on an attachment with an address.

SIGNATURE: THE M POWERS