SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/3/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG -3 AM 9:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000034738 (2)**

1. Corporation Name
DAVID STEVENS, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
1901 S HARBOR CITY BLVD SUITE 710 MELBOURNE FL 32901	1901 S HARBOR CITY BLVD SUITE 710 MELBOURNE FL 32901

3. Date Incorporated or Qualified: 04/29/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-3247296	☐ Applied For ☐ Not Applicable
21	26 2775 N. Wickham RD		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 #A203	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28 MELBOURNE, FL	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 / Country 25	Zip 29 32935 / Country 30 BREVARD	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STEVENS, DAVID A 1901 S HARBOR CITY BLVD SUITE 710 MELBOURNE FL 32901	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 required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	1.1 TITLE	PTD	☒ Change ☐ Addition
NAME	STEVENS, DAVID A	1.2 NAME	STEVENS, DAVID A.	
STREET ADDRESS	1901 S HARBOR CITY BLVD SUITE 710	1.3 STREET ADDRESS	2775 N. WICKHAM RD #203	
CITY-ST-ZIP	MELBOURNE FL 32901	1.4 CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE	VS	2.1 TITLE	VS	☒ Change ☐ Addition
NAME	KELLEY, KIMBERLY J	2.2 NAME	STEVENS, KIMBERLY K.	
STREET ADDRESS	1901 S HARBOR CITY BLVD SUITE 710	2.3 STREET ADDRESS	2775 N. WICKHAM RD #203	
CITY-ST-ZIP	MELBOURNE FL 32901	2.4 CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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: _____ DAVID A. STEVENS, PRES. 7/28/95 407-957-0157
Individual's typed or printed name of signing officer or director — Date — Daytime Phone #

0014714 CP