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

PROFIT CORPORATION ANNUAL REPORT

1997

NAME STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 21 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P9400081966 (1)

STEPHENS CONSTRUCTION MATERIAL CONTRACTORS, INC.

Principal Place of Business Mailing Address 8448 VILLA D'ESTE WESLEY CHAPEL FL 33543 5446 VILLA D'ESTE WESLEY CHAPEL FL 33543-4467 3. Date Incorporated or Qualified 3a. Date of Last Report 11/02/1994 03/18/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3288171 21 Not Applicable 26 Sufte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Ζıp Country 8. This corporation has liability for intangible tax under s. 199.032, 24 ☐ Yes ☐ No 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name STEPHENS, LOUIS J **5448 VILLA D'ESTE** Street Address (P.O. Box Number is Not Acceptable) **WESLEY CHAPEL FL 33543** 83 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 familier with, and accept the obligations of, Section 607.0505 forida statutes. #-15-97 SIGNATURE LEWIS V. STEPHENS t signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change ___ Addition TITLE 1.1 TITLE STEPHENS, LOUIS J NAME 1.2 NAME PO BOX 7265 N/A STREET ADDRESS 1.3 STREET ADDRESS **WESLEY CHAPEL FL 33543** CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition DELETE 2.1 TITLE Change NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-S1-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Change DELETE Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5/3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TIBLE

14. I do 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.

6.3 STREET ADDRESS 6.4 CITY-S1-ZIP

6.2 NAME