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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P95000035021 (1)

STEVENS CORNER, INC.



	Rusiness .	Mailing Address				.,,		
895 S FIRST ST 895 S FIRST ST								
LAKE CITY FL	_ 33025	LAKE CITY FL 3302	25		3. Date Incorporated or Qualified 05/01/1995	3a. Date of	Last Re	port
. Principal Place	of Business	2a. Mailing Address			4. FEI Number 59-33/0447	7		Applied For
		26		Not Applic \$8.75 Addition		lot Applicabl		
Suite, Apt. #, e	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		• -	Additional Required
O': 0 C+-+-		City & State			6. Election Campaign Financing		\$5.00	May Be
City & State		28			Trust Fund Contribution Added to Fees			
Zιρ	Country	Ζφ	Count	ıy	8. This corporation has liability for i		under s	199.032.
	25	29	30			□ No		
	9. Name and Address of Curre	ent Registered Agent		II Name	10. Name and Address of New R	egistered Ag	eni	
			Ľ					
	S, DON R		8	Street Add	lress (P.O. Box Number is Not Acceptab	ole)		
895 S F				13				
LAKE C	ITY FL 33025						1 -	. 0. 1.
			1	Gity	oration submits this statement for the pure and of directors. Thereby accept the app			o Code
2.	OFFICERS A	NO DIRECTORS		;	ADDITIONS/CHANGES TO OFF			
	judnie tydkolor producenie obegidenskap Openie LRS A	district and district	Notic Registered A		43. 44 Notes and the Additions/CHANGES TO OFF	ICERS AND D	IRECTO	ORS IN 12
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certify that the information indicated on this annual report or supplemental annual report death accurate and that my signature shall have the same legal effect as it made under certify that the information indicated on this annual report or supplemental annual report death accurate and that my signature shall have the same legal effect as it made under certify that the information indicated on this annual report or supplemental annual report death accurate and that my signature shall have the same legal effect as it made under certify that the information indicated on this annual report or supplemental annual report death accurate and that my signature shall have the same legal effect as it made under certify that my signature shall have the same legal effect as it made under certify that my signature shall have the same legal effect as it made under certify that my signature shall have the same legal effect as it made under certify that my signature shall have the same legal effect as it made under certify that my signature shall have the same legal effect as it made under certification or the receiver or trust employed by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed on an attaction with an advertise employed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed on an attaction with an advertise employed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed on an attaction and the same accurate the same accurat

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE

30/96 (904)752