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

**PROFIT** -CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000085196 1. Corporation Name

STEVENS INSURANCE GROUP, INC.

**FILED** Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90169 003 \*\*\*158.75



Principal Place	e of Business	Mailing Address						
111111111111111111111111111111111111111		P O BOX 24106 TAMPA FL 33623-4106			D.	NOT WRITE IN	THIS SPACE	
US					3. Date incorporated		77110 01 7102	
						Or Quamed		
		10 M-10- Add			11/02/1995 4. FEI Number		<del></del>	Applied For
	lace of Business	2a. Mailing Address						Not Applicable
	<u>Katherine Blvd.</u>	26		_	<u>59-3346770</u>			Additional
Suite, Apt.		Suite, Apt. #, etc.			5. Certifcate of Status	Desired 😾	•	Required
	2 1101	27						
City_&_State		City & State			6. Election Campaign Trust Fund Contrib	* 11	7	O May Be
	Harbor Florida Country	28	Coun	tru	8. This corporation ov			10 / 668
Zip	·	· _	_	uy	Personal Property	-	ar intangible ☐Yes	X X No
24 34684			30		10. Name and Addres			XX
	9. Name and Address of Current	Registered Agent		81 Name	To. Name and Addres	ss of them trogis	orca Agoric	
CTE	vens, robert g		ľ		Maryann Stever	n s		
				82 Street A	Address (P.O. Box Number is	Not Acceptable)		·
	HENDERSON BOULEVARD				205 Katherine	Blvd.		
IAMI	PA FL 33609			83	C 1101			
			1	84 City	<u> Suite 1101</u>		85 Zip	Code
				·   · · · ·	Palm Harbor		<b>FL</b>   3	4684
		and CO7 1508 Florida Statuta	e the ab	ove-named	corporation submits this stater	nent for the purpo	se of changing i	ts registered
11. Pursuant	to the provisions of Sections 607.0502	z aliu 601. 1506, Fiblica Statute	o, uie au	Ove-Hairieu i	corporation addition this otator		annointment ac	
office or n	egistered agent or both in the State (	of Florida. Such change was au	thorized	by the corpo	pration's board of directors. I h	ereby accept the	appointment as	registered
office or n agent. I a	registered agent, or both, in the State of the familiar with, and accept the obligat	of Florida. Such change was au ions of, Section 607.0505, Flori	thorized	by the corpo	pration's board of directors. I n	ereby accept the	appointment as	registered
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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 it changed, or on an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

TITLE

NAME

STREET ADDRESS

DELETE

Change

Addition