FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1001				
DOCUMENT # 1. Corporation Name	P96000016978 ((

STEVENSON HOMES, INC.	
Principal Place of Business	Mailing Address
	DOOT OFFICE DOV 5000

FILED Apr 17 1997 8:00am Secretary of State

Principal Plac	DON HOMES, INC.	Mailing Address POST OFFICE BOX 596 SUN OITY CENTER FL		-		
					3. Date Incorporated or Qualified 01/31/1996	3a. Date of Last Report
2. Principal f	Place of Business	2a. Mailing Address	<u> </u>		4. FEI Number	Applied For
21 646	- 15th Avenue NE	E 26 646 - 15	th Ave	nue NE	59-3363841	Not Applicable
Suite, Apt.	. #, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	te	City & State			6. Election Campaign Financing	\$5.00 May Be
23 St.	Petersburg FL	St. Pete	rshuro	FI	Trust Fund Contribution	Added to Fees
Zip	Country				8. This corporation has liability for	
24 337		29 33704	30 U	.S.A.		Yes No
	9. Name and Address of Currer	nt Registered Agent		al	10. Name and Address of New Re	gistered Agent
	LE, TERRENCE F)*	1 Name		
	7 DEL WEBB BOULEVARD		8	2 Street Addre	ess (P.O. Box Number is Not Acceptab	ole)
\$U	N CITY CENTER FL 33573		-			
			8	3		
			8	4 City		85 Zip Code
				<u> </u>		FL 65 Zip Code
SIGNATURE	Signature, typical or printed name of registered age	ent and title if applicable (N	OTE Registered	68. gent algnature require		DATE
12.	T	D DIRECTORS	13.	·	ADDITIONS/CHANGES TO OFFIC	
THLE	D	DELETE.	1.1 TITLE	Į F	·/T D	Change 🔀 Addition
NAME	PYLE, TERRENCE F		1.2 NAM	į E	TEVENSON, Sterli:	ng
STREET ADDRESS	POST OFFICE BOX 5009 - N/A			ET ADORESS 6	46 - 15th Avenue	NE .
CHY-ST-ZIP	-SUN CITY-CENTER FL-83574	DELETE	1.4 CITY		t. Petersburg. 1	
TITLE	}	CT DETELE	2.1 TITLE	Į v	P/S	Change 🙀 Addition
NAME			2.2 NAM	. 5	TEVENSON, Sandra	
STREET ADDRESS	1				346 - 15th Avenue	
CITY - ST - ZIP TITLE	·	DELETE	2 4 CH 3.1 TITLE	-ST-ZIP S	t. Petersburg,	Florida 33704
NAME	ľ	EJ occes	3.2 NAM	ſ		Onengo Nount
STREET ADDRESS	}			ET ADDRESS		
City-St-Zip	1			1-\$1-ZIP		
Tifus Tifus		DELETE	4.1 TITL			Change Addition
NAME		the second of the	4. 2 NAN	i		
STREET ADDRESS				ET ADDRESS		
City - St - ZiP				- \$T - ZIP		
TOLE	1	☐ DELETE	51 TITL			Change Addition
NAME			5.2 NAM	E		
STREET ADORESS				ET ADDRESS		
CITY - S1 - 7(P				-ST-ZIP		
TITLE	1					
ALL DE		DELETE	6.1 TITL			☐ Change ☐ Addition
NAME		☐ DELETE				Change Addition
STREET ADDRESS		☐ DELETE	6.1 TITLI 6.2 NAM			Change Addition
		☐ DELETE	6.1 TITLI 6.2 NAM 6.3 STRE	E	- 270/// F	☐ Change ☐ Addition

pplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that the receiver or trustee empty-gend to receive this report as required by Chapter 607, Florida Statutes, and that my name does not consider the receiver of trustee empty-gend to receive this report as required by Chapter 607, Florida Statutes, and that my name

SIGNATURE: