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

Mailing Address

5555 EAST STEVENSON COURT

**PROFIT CORPORATION** ANNUAL REPORT

**19**98

Principal Place of Business

5555 EAST STEVENSON COURT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 15 1998 8:00am

Secretary of State

352

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3.20.08

Secretary of State DIVISION OF CORPORATIONS

P97000108441 (1) DOCUMENT #

Van Derree

WILMON RAY STEVENSON, BUILDER, INC.

INVERNESS FL 34452 INVERNESS FL 34452 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/25/1997 4. FEI Number 59-3489369 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 28 Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yes 25 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FISCHER, TIMOTHY A ESQ SAVAGE KRIM & SIMONS, P.A. Street Address (P.O. Box Number is Not Acceptable) 121 NW 3RD STREET 83 OCALA FL 34475 R4 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Addition TITLE DELETE 11 TITLE Change NAME STEVENSON, RAY 1.2 NAME 5555 EAST STEVENSON COURT STREET ADDRESS 1.3 STREET ADDRESS **INVERNESS FL 34452** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE \_\_ Addition Change TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIF 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIF 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 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 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 if changed, or on an attachment with an address.