

CORPORATION  
ANNUAL REPORT

1999

Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000028714

1. Corporation Name

STEPHENS FINANCIAL, INC.

Principal Place of Business

505 East Jackson Street  
Suite 204  
Tampa, Florida 33602

Mailing Address

505 East Jackson Street  
Suite 204  
Tampa, Florida 33602

FILED

99 JUL -8 PM 2:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 13540 North Florida Ave		2a 13540 North Florida Ave		03/27/1998	
Suite, Apt. #, etc		Suite, Apt. #, etc.		4. FEI Number	
22 Suite 107		27 Suite 107		59-3504684	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 Tampa, Florida		28 Tampa, Florida		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country			
24 33613 U.S.		29 33613 U.S.			

b. Name and Address of Current Registered Agent

Susan I. Barka  
505 East Jackson Street  
Suite 204  
Tampa, FL 33602

10. Name and Address of New Registered Agent

81 Name Kenneth B. Stephens

82 Street Address (P.O. Box Number is Not Acceptable)

13540 North Florida Avenue

83 Suite 107

84 City Tampa

FL

85 Zip Code 33613

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registrant agent and the filer (applicable)

(NOTE: Registered Agent signature required when relinquishing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNETH B. STEPHENS	1.2 NAME	KENNETH B. STEPHENS
STREET ADDRESS	620 Calibre Brooke Way	1.3 STREET ADDRESS	13540 North Florida Ave, Ste. 107
CITY-ST-ZIP	Smyrna, GA 30080	1.4 CITY-ST-ZIP	Tampa, FL 33613
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSAN I. BARKA	2.2 NAME	
STREET ADDRESS	7624 Woodbridge Blvd.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33615	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 incorporator or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)

TS

Stephens Financial, Inc.  
13540 N. Florida Avenue, Suite 107  
Tampa, Florida 33613

June 10, 1999

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Annual Reports Filings  
Division of Corporation  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: 1999 Annual Report for STEPHENS FINANCIAL, INC.  
Document #P98000028714

Dear Sir/Madam:

Enclosed is the 1999 Annual Report for my corporation, STEPHENS FINANCIAL, INC., with check # 1073 In the sum of \$158.75 for the filing fee and certificate of status.

Please accept and file this report with the attached fee that is included. I did not realize until very recently that an annual report was due this year because I did not receive a form from your office. My address has changed, and it was my understanding that because I did a name change in January of this year that the annual report would not be due until next year.

Thank you for your help in this matter.

Very truly yours,

Kenneth B. Stephens