

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

FILED

Feb 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S18887 (7)

1. Corporation Name  
MARY C. STEPHENS & ASSOCIATES, INC.



Principal Place of Business

4040 WOODCOCK DRIVE  
107  
JACKSONVILLE FL 32207  
US

Mailing Address

4040 WOODCOCK DRIVE  
107  
JACKSONVILLE FL 32207-2719  
US

3. Date Incorporated or Qualified  
12/13/1990

3a. Date of Last Report  
04/30/1996

4. FEI Number

59-3040363

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21 2524 WHISPERING WOOD #3

2a. Mailing Address

26 2524 WHISPERING BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #3

27 #3

City & State

City & State

23 Jacksonville FL

28 Jacksonville FL

Zip

Zip

Country

Country

24 32246

29 32246

25 US

30 US

9. Name and Address of Current Registered Agent

WILHELM, CHARLOTTE P.  
4040 WOODCOCK DRIVE  
SUITE 107  
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name

IDA S PELLERIN

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

6251-9 PHILLIPS HWY

83

84 City

JACKSONVILLE

FL

85

Zip Code

32216

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: *Ida S Pellerin*  
Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-27-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME STEPHENS, MARY C.  
STREET ADDRESS 2524 WHISPERING WOOD #3  
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME PRITCHARD, LINDA K.  
STREET ADDRESS 8865 SANDUSKY AVE  
CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)