FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V46900** **(9)**

1. Corporation Name

STEVIE'S, INC. "JUST FOR THE HEALTH OF IT"

Principal Place of Business	Mailing Address
1220 N A1A #18 INDIALANTIC FL 32903 US	1220 N A1A #18 INDIALANTIC FL 32903 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/22/1992
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business	2a. Mailing Address
21 6300 N. Wickham Rd	26 6300 N. Wickham Rd
Suite, Apt. #, etc. 22 Suite 119	Suite, Apt. #, etc. 27 Suite 119
City & State 23 Melbourne FL	City & State 28 Melbourne, FL
Zip 24 32940 Country 25 USA	Zip 29 32940 Country 30 USA

4. FEI Number: 59-3135183 ☐ 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

9. Name and Address of Current Registered Agent

DAVIS, STEVIE
1220 N A1A
#18
INDIALANTIC FL 32903

10. Name and Address of New Registered Agent

81 Name: Stevie Davis
82 Street Address (P.O. Box Number is Not Acceptable): 6300 N. Wickham Rd
83: Suite 119
84 City: Melbourne **FL** 85 Zip Code: 32940

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: STEVIE DAVIS, PRES — Stevie Davis, Pres — DATE: 4/25/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mail/delivery)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVST	11 TITLE	☑ Change ☐ Addition
NAME	DAIVS, STEVIE	12 NAME	DAVIS, STEVIE
STREET ADDRESS	1220 N. A1A, #18	13 STREET ADDRESS	6300 N. WICKHAM RD #119
CITY-ST-ZIP	INDIALANTIC FL	14 CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Stevie Davis, Pres — STEVIE DAVIS, PRES — 4/25/95 — 407-253-8205
SIGNATURE AND NAME OF PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0410035 FP