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95 MAY -1 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **V58044** (1)

1. Corporation Name
JEANETTE STEVENS, INC.

Principal Place of Business: **5235 RAMSEY WAY # 12 FORT MYERS FL 33906 33907**
Mailing Address: **5235 RAMSEY WAY # 12 FORT MYERS FL 33906 33907**

2. Principal Place of Business: **21**
Mailing Address: **26**
State: **22** City & State: **27**
City & State: **23** City & State: **28**
City & State: **24** City & State: **25** City & State: **29** City & State: **30**

DO NOT WRITE IN THIS SPACE
3. Date Incorporation in Florida: **08/12/1992**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **65-0360977**
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 misapplying tax under S. 199(1)(c), Florida Statute: Yes No

9. Name and Address of Current Registered Agent
**STEVENS, JEANETTE
5235 RAMSEY WAY
12
FORT MYERS FL 33906**

10. Name and Address of New Registered Agent
B1 Name: _____
B2 Street Address (P.O. Box Number is Not Acceptable): _____
B3 _____
B4 City: _____ FL B5 Zip Code: _____

11. Pursuant to the provisions of sections 607 (5)(c) and 607 (5)(b) 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 (5)(c), Florida Statutes.

SIGNATURE: _____ (Print Name of Current Agent) _____ (Print Name of New Agent) _____ (Print Name of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995	
1. NAME: D STEVENS, JEANETTE	2. TITLE: _____	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>	
3. STREET ADDRESS: 5235 RAMSEY WAY # 12	4. STREET ADDRESS: _____	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>	
5. CITY & STATE: FORT MYERS FL 33907	6. CITY & STATE: _____	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>	
7. NAME: _____	8. TITLE: _____	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>	
9. STREET ADDRESS: _____	10. STREET ADDRESS: _____	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>	
11. CITY & STATE: _____	12. CITY & STATE: _____	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>	
13. NAME: _____	14. TITLE: _____	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>	
15. STREET ADDRESS: _____	16. STREET ADDRESS: _____	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>	
17. CITY & STATE: _____	18. CITY & STATE: _____	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>	
19. NAME: _____	20. TITLE: _____	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>	
21. STREET ADDRESS: _____	22. STREET ADDRESS: _____	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>	
23. CITY & STATE: _____	24. CITY & STATE: _____	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199(1)(c), Florida Statutes. I further certify that the information is accurate for the annual report or supplemental annual report as shown and is correct and that my signature shall have the same legal effect as if made in person. That I am not an officer or director of the corporation or the person or persons designated to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in the list of those entitled to be named on an affidavit with an address.

SIGNATURE: *JEANETTE STEVENS* JEANETTE STEVENS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-1-95 813 936 4400