

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
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**95 MAR 27 PM 4:21**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**



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

**DOCUMENT # G67201 (5)**

**1. Corporation Name**  
**N. JOHN STEWART, JR., P.A.**

**Principal Place of Business**      **Mailing Address**  
5435 MAIN STREET      5435 MAIN STREET  
NEW PORT RICHEY FL 34652      NEW PORT RICHEY FL 34652

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified**      **3a. Date of Last Report**  
10/31/1983      03/07/1994

**4. FEI Number**      **Applied For**  
59-2332972       Not Applicable

**5. Certificate of Status Desired**       \$8.75 Additional Fee Required

**6. Election Campaign Financing**       \$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**      **2a. Mailing Address**

**21**      **26**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**22**      **27**

City & State      City & State

**23**      **28**

Zip      Country      Zip      Country

**24**      **25**      **29**      **30**

**9. Name and Address of Current Registered Agent**

**STEWART, N. JOHN, JR.**  
5435 MAIN STREET  
NEW PORT RICHEY FL 34652

**10. Name and Address of New Registered Agent**

**81** Name

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

**83**

**84** City      **85** Zip Code

**FL**

**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, 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**      **DATE**

*N. John Stewart, Jr.*      3/22/95

By typing, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

**12. OFFICERS AND DIRECTORS**

**TITLE**      **NAME**      **STREET ADDRESS**      **CITY - ST - ZIP**

**P**      **STEWART, N JOHN**      **6941 MANOR BEACH RD.**      **NEW PORT RICHEY, FL00000**

**TITLE**      **NAME**      **STREET ADDRESS**      **CITY - ST - ZIP**

**TITLE**      **NAME**      **STREET ADDRESS**      **CITY - ST - ZIP**

**TITLE**      **NAME**      **STREET ADDRESS**      **CITY - ST - ZIP**

**TITLE**      **NAME**      **STREET ADDRESS**      **CITY - ST - ZIP**

**TITLE**      **NAME**      **STREET ADDRESS**      **CITY - ST - ZIP**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

Change       Addition

**1.1** TITLE       Change       Addition

**1.2** NAME

**1.3** STREET ADDRESS

**1.4** CITY - ST - ZIP

**2.1** TITLE       Change       Addition

**2.2** NAME

**2.3** STREET ADDRESS

**2.4** CITY - ST - ZIP

**3.1** TITLE       Change       Addition

**3.2** NAME

**3.3** STREET ADDRESS

**3.4** CITY - ST - ZIP

**4.1** TITLE       Change       Addition

**4.2** NAME

**4.3** STREET ADDRESS

**4.4** CITY - ST - ZIP

**5.1** TITLE       Change       Addition

**5.2** NAME

**5.3** STREET ADDRESS

**5.4** CITY - ST - ZIP

**6.1** TITLE       Change       Addition

**6.2** NAME

**6.3** STREET ADDRESS

**6.4** 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 110.07(3)(b), 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 change of, or new, additions with an address.**

**SIGNATURE:**      **DATE**      **OFFICIAL TITLE**

*N. John Stewart, Jr.*      3/22/95      Secretary of State

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      (Signature from 8)