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 MAR 22 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 596817 (7)

1. Corporation Name
L. D. STEWART ENTERPRISES, INC.

Principal Place of Business	Mailing Address
28467 US HIGHWAY 19TH NORTH SUITE 302 CLEARWATER FL 34621 US	28467 US HIGHWAY 19TH NORTH SUITE 320 CLEARWATER FL 34621 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/11/1978
3a. Date of Last Report: 03/07/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 59-1879935 ☐ 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

KIEFER, NEIL G, ESQUIRE
5656 CENTRAL AVENUE
ST PETERSBURG, FLORIDA
33707

10. Name and Address of New Registered Agent

81 Name: Dennis L. Repka, Esquire
82 Street Address (P.O. Box Number is Not Acceptable): 28870 U.S. Highway 19, Suite 408
83: Hodusa Tower
84 City: Clearwater FL 85 Zip Code: 34621

11. Pursuant to the provisions of Section 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: Dennis L Repka 3/10/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	1.1 TITLE	☐ Change ☐ Addition
NAME	STEWART, JUANITA A	1.2 NAME	
STREET ADDRESS	3677 WOODRIDGE PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	STEWART, LYNN D	2.2 NAME	
STREET ADDRESS	3677 WOODRIDGE PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	V ☑ Change ☐ Addition
NAME	~~LUTZ, JAMES J.~~	3.2 NAME	Michael D. Stewart
STREET ADDRESS	~~1110 CARLTON RD~~	3.3 STREET ADDRESS	3677 Woodridge Pl
CITY-ST-ZIP	~~TARPON SPRINGS FL~~	3.4 CITY-ST-ZIP	Palm Harbor, Fl 34684
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: Lynn D. Stewart Lynn D. Stewart 2/24/95 813-726-9433
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0460071 FP