

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 688140

Entity Name: STEWART'S SLEEP CENTER, INC.

Current Principal Place of Business:

11750 CLEVELAND AVE.
FT. MYERS, FL 33907

Current Mailing Address:

40528 US 19 N.
TARPON SPRINGS, FL 34689

FEI Number: 59-2043978

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MATTER, THOMAS M
40528 US 19 N.
TARPON SPRINGS, FL 34689 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name MATTER, JOHN C
Address 11920 METRO PARKWAY
City-State-Zip: FT. MYERS FL 33912

Title VP
Name MATTER, STEWART WII
Address 11920 METRO PARKWAY
City-State-Zip: FT. MYERS FL 33912

Title VP
Name MATTER, THOMAS M
Address 11920 METRO PARKWAY
City-State-Zip: FT. MYERS FL 33912

Title VP
Name MATTER, GARY F
Address 11920 METRO PARKWAY
City-State-Zip: FORT MYERS FL 33912

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS M MATTER

VP

01/26/2016

Electronic Signature of Signing Officer/Director Detail

Date