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 APR 20 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **427407** **(2)**

1. Corporation Name
STEWARTS HIS WAY, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
653 E. ALTAMONTE AVE. ALTAMONTE SPRINGS FL 32701	653 E. ALTAMONTE AVE. ALTAMONTE SPRINGS FL 32701

3. Date Incorporated or Qualified: **06/04/1973**
3a. Date of Last Report: **01/25/1994**

2. Principal Place of Business	2a. Mailing Address: 470 Longwood Hills Rd
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State: Longwood Fl
23	28
Zip / Country	Zip: 32750 Country: Seminole
24 / 25	29 / 30

4. FEI Number: **59-1475335** ☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GRANITO, MARGARET P. 7139 TIMBER DR. WINTER PARK FL 32792	81 Name: Moni B Stewart 82 Street Address (P.O. Box Number is Not Acceptable): 470 Longwood Hills RD 83 84 City: Longwood FL 85 Zip Code: 32750

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: Moni B. Stewart — Moni B. Stewart — DATE: 4-16-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPST	1.1 TITLE	☐ Change ☐ Addition
NAME	STEWART, MONI B	1.2 NAME	
STREET ADDRESS	470 LONGWOOD HILLS RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	STEWART, JAMES M	2.2 NAME	
STREET ADDRESS	470 LONGWOOD HILLS RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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: Moni B. Stewart — 4-4-95 — 407-332-6893
SIGNATURE AND TYPED OR PRINTED NAME OF COMING OFFICER OR DIRECTOR — Date — Daytime Phone #
Moni B. Stewart

0036700 CP