

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 596817 (7)

1. Corporation Name

L. D. STEWART ENTERPRISES, INC.

Principal Place of Business

28467 US HIGHWAY 19TH NORTH
SUITE 302
CLEARWATER FL 34621
US

Mailing Address

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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ST
NAME STEWART, JUANITA A
STREET ADDRESS 3677 WOODRIDGE PLACE
CITY - ST - ZIP PALM HARBOR FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE P
NAME STEWART, LYNN D
STREET ADDRESS 3677 WOODRIDGE PLACE
CITY - ST - ZIP PALM HARBOR FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE V
NAME LUTZ, JAMES J.
STREET ADDRESS 1410 CARLTON RD
CITY - ST - ZIP TARPON SPRINGS FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME Michael D. Stewart
3.3 STREET ADDRESS 3677 Woodridge Pl
3.4 CITY - ST - ZIP Palm Harbor, FL 34684

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR DIRECTOR

Lynn D. Stewart

2/24/95

813-726-9433

Date

Daytime Phone #