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Mar 10, 1999 8:00 am  
Secretary of State

03-10-1999 90244 041 \*\*\*150.00

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 596817

1. Corporation Name

L. D. STEWART ENTERPRISES, INC.

Principal Place of Business

28463 US HWY 19 N  
STE 402  
CLEARWATER FL 34621  
US

Mailing Address

38463 US HWY 19 N  
STE 402  
CLEARWATER FL 34621  
US

2. Principal Place of Business

21 28463 US HWY 19 N

Suite, Apt. #, etc.

22 SUITE 101-102

City & State

23

Zip Country

24 33761-2517 USA

2a. Mailing Address

26 28463 US HWY 19 N

Suite, Apt. #, etc.

27 SUITE 101-102

City & State

28

Zip Country

29 33761-30 USA

9. Name and Address of Current Registered Agent

MARICLE, M J

28463 US HWY 19 N

STE 402

CLEARWATER FL 34621

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/11/1978

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 owes the current year Intangible  
Personal Property Tax.

☐

Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

28463 US HWY 19 N

83 STE 101-102

84 City

FL

85 Zip Code

33761-2517

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

M J Maricle

M. J. MARICLE

3-5-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME  
V  
STEWART, MICHAEL D  
STREET ADDRESS  
3677 WOODRIDGE PL  
CITY-ST-ZIP  
PALM HARBOR FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

S. P. Stewart

PRESIDENT

2/19/99

(727) 724-9433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)