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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 10 PM 1:45

DOCUMENT # **822608** **(6)**

1. Corporation Name
STEWART RESOURCE CENTER, INC.

Principal Place of Business	Mailing Address
110 VETERANS MEMORIAL BLVD METAIRIE LA 70005	110 VETERANS MEMORIAL BLVD METAIRIE LA 70005

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/08/1969
3a. Date of Last Report: 04/29/1994

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: 72-0114030 ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
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	VPS	1.1 TITLE		☐ Change ☐ Addition
NAME	PATRON, RONALD H.	1.2 NAME		
STREET ADDRESS	505 BEAU CHENE DR.	1.3 STREET ADDRESS		
CITY-ST-ZIP	MANDEVILLE LA	1.4 CITY-ST-ZIP		
TITLE	CB	2.1 TITLE		☐ Change ☐ Addition
NAME	STEWART JR, FRANK B	2.2 NAME		
STREET ADDRESS	5513 DAYNA COURT	2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW ORLEANS, LA 00000	2.4 CITY-ST-ZIP		
TITLE	VPC	3.1 TITLE		☐ Change ☐ Addition
NAME	HYMEL, MICHAEL G.	3.2 NAME		
STREET ADDRESS	20 ELAINE AVENUE	3.3 STREET ADDRESS		
CITY-ST-ZIP	HARAHAN LA	3.4 CITY-ST-ZIP		
TITLE	P	4.1 TITLE	P	☒ Change ☐ Addition
NAME	BERNER, LAWRENCE M	4.2 NAME	WILLIAM ROWE	
STREET ADDRESS	506 BEAU CHENE DR.	4.3 STREET ADDRESS	110 VETERANS BLVD	
CITY-ST-ZIP	MANDEVILLE LA	4.4 CITY-ST-ZIP	METAIRIE, LA 70005	
TITLE	AS	5.1 TITLE		☐ Change ☐ Addition
NAME	BUDDE, KENNETH C	5.2 NAME		
STREET ADDRESS	2103 ORMOND BLVD	5.3 STREET ADDRESS		
CITY-ST-ZIP	DESTREHAN LA	5.4 CITY-ST-ZIP		
TITLE	VP	6.1 TITLE		☐ Change ☐ Addition
NAME	ALEXANDER, GERARD C.	6.2 NAME		
STREET ADDRESS	4800 FOLSE DRIVE	6.3 STREET ADDRESS		
CITY-ST-ZIP	METAIRIE LA	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: Michael Hymel 4/29/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED Vice President & Controller Date Daytime Phone #