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 MAR 22 AM 9:55

DOCUMENT # F05937 (0)

1. Corporation Name
J. M. STEWART, CORPORATION

DO NOT WR[illegible]

Principal Place of Business	Mailing Address
2201 CANTU CT STE 217 SARASOTA FL 34232 US	2201 CANTU CT STE 217 SARASOTA FL 34232 US

3. Date Incorporated or Qualified: 11/18/1980
3a. Date of Last Report: 04/06/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

City & State — 23
City & State — 28

Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 59-2035829 ☐ 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

STEWART, J. MELVIN
2201 CANTU CT
STE 217
SARASOTA FL 34232

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	P	1.1 TITLE	D	☐ Change ☒ Addition
NAME	STEWART, MELVIN J	1.2 NAME		
STREET ADDRESS	3949 GLEN OAKS MANOR DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 00000	1.4 CITY-ST-ZIP		
TITLE	DTS	2.1 TITLE	VP, S	☒ Change ☐ Addition
NAME	SCHAETZEL, PAMELA	2.2 NAME		
STREET ADDRESS	2201 CANTU CT STE 217	2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE	D, VP	☐ Change ☒ Addition
NAME		3.2 NAME	J. WILLIAM BRANDNER	
STREET ADDRESS		3.3 STREET ADDRESS	2180 W. STATE ROAD 434	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE		4.1 TITLE	D, VP, T, ASST S	☐ Change ☒ Addition
NAME		4.2 NAME	OTTO J. NICOLS	
STREET ADDRESS		4.3 STREET ADDRESS	2180 W. STATE ROAD 434	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	LONGWOOD, FL 32779	
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: Pamela J Schaetzel PAMELA SCHAETZEL 3/17/95 813-378-4242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0340241 CP