

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F05937** (0)

1. Corporation Name

J. M. STEWART, CORPORATION



Principal Place of Business

**2201 CANTU CT
STE 217
SARASOTA FL 34232
US**

Mailing Address

**2201 CANTU CT
STE 217
SARASOTA FL 34232
US**

3. Date Incorporated or Qualified
11/18/1980

3a. Date of Last Report
03/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2035829

Applied For
Not Applicable

State, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

24

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29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature of registered agent or person authorized to file this statement

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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NAME
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CITY-ST-ZIP
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NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
STEWART, MELVIN J
3949 GLEN OAKS MANOR DR
SARASOTA, FL 00000
VPS
SCHAETZEL, PAMELA
2201 CANTU CT STE 217
SARASOTA FL
DVP
BRANDNER, J. WILLIAM
2180 W STATE ROAD 434
LONGWOOD FL
DVPT
NICOLS, OTTO J.
2180 W STATE ROAD 434
LONGWOOD FL**

☐ DELETE

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1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
2 1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
3 1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
4 1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
5 1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
6 1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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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)(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 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 2/29/96 941-378-4242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)