

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 # **F08170** (5)

1. Corporation Name

STEWART, STEPHAN & BOWEN, INC.



Principal Place of Business

**1919 COURTNEY DR
STE 9
FORT MYERS FL 33901
US**

Mailing Address

**1919 COURTNEY DR
STE 9
FORT MYERS FL 33901
US**

3. Date Incorporated or Qualified
12/08/1980

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

4. FEI Number

59-2048952

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.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STEWART, WILLIAM E., JR.
1919 COURTNEY DR
STE 9
FORT MYERS FL 33901**

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: typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**P
STEWART, WILLIAM E., JR
1375 JACKSON ST., #303
FT MYERS, FL 00000**

1.1 TITLE ☒ Change ☐ Addition

TITLE ☐ DELETE

**V
STEPHAN, BRUCE A.
1375 JACKSON ST., #303
FT. MYERS FL**

12 NAME

TITLE ☐ DELETE

**ST
BOWEN, CLIFFORD M.
1375 JACKSON ST., #303
FT MYERS FL**

13 STREET ADDRESS

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

14 CITY-ST-ZIP

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

2.1 TITLE

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

22 NAME

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 5, 1996 941-936-4041

CR2E034 (12/95)