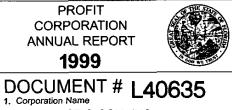
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

J. STEWART & SON, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90117 034 ***150.00

Principal Place of Business Mailing Address						- i 18031011 ou eaul eaul eaul ealan eile i	413H 818H 914H 818H 91	1811 BIBLI IBBL
943 GLYNLEA RD SUITE 119E JACKSONVILLE FL 32216		943 GLYNL	C/O JAMES S. STEWARD 943 GLYNLEA RD JACKSONVILLE FL 32216-2605			DO NOT WRITE IN THIS SPACE		
US		US				3. Date Incorporated or Qualifed 01/02/1990		
_	lace of Business	2a. Mailin 26	g Address		_	4. FEI Number 59-2992576	 	plied For t Applicable
21 26 Suite, Apt. #, etc.			Suite, Apt. #, etc.				\$8.75 A	
22		27				5. Certifcate of Status Desired	Fee Re	
City & State	е	City &	State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
Zip	Country	Zip		Country		8. This corporation owes the current ye	ear Intangible	
24	25	29	30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Cu		\gent			10. Name and Address of New Regis	tered Agent	
		_		81	Name			
STEWART, JAMES S. 943 GLYNLEA RD			82	Street Addr	ess (P.O. Box Number is Not Acceptable)			
JACKSONVILLE FL 32216			83					
				84	City		85 Zip 0	Code
							FL	
office or r	to the provisions of Sections 607, egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida, Suc	h change was auth	onzed by	the corporation	oration submits this statement for the purpon's board of directors. I hereby accept the	ose of changing its appointment as req	registered gistered
SIGNATURE							ATE	
45	Signature, typed or printed name of registered	AND DIRECTORS		gistered Age	nt signature require	d when reinstating) ADDITIONS/CHANGES TO OFFICE)RS IN 12
12.	D	AND DIRECTOR	DELETE	1.1 TITLE	Ι.	ADDITIONAL PRINCES TO OFFICE	☐ Change	Addition
, NAME	STEWART, JAMES S.		_	12 NAME				1
STREET ADDRESS	943 GLYNLEA RD				TADORESS			
CITY-ST-ZIP	JACKSONVILLE FL			1.4 CITY-S	j			
TITLE	UNIONO ITTILLE I E		☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME				2.2 NAME				
STREET ADDRESS				2.3 STREE	T ADDRESS			
CITY-ST-ZIP				2. 4 CITY-5	ST-ZIP			
πτε			☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME	,			3.2 NAME				,
STREET ADDRESS				3.3 STREE	TADDRESS			
CITY-ST-ZIP			_	3.4. CITY-5	ST-ZIP			
TITLE			☐ DEFELE	4.1 TITLE			☐ Change	Addition
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREE	TADORESS			
CITY-ST-ZIP	L			4.4 CITY-S	T- ZIP			- Addition
TITLE			☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME				52 NAME	T + DODDEC -			
STREET ADDRESS					TADDRESS			ļ
CITY-ST-ZIP				5.4 CITY-S 6.1 TITLE	II-ZIP		Chanca	☐ Addition
TITLE			☐ DELETE				☐ Change	
NAME				6.2 NAME	TACDOFCO			ļ
STREET ADDRESS					TADDRESS			.
CITY-ST-ZIP	1			6.4 CITY-5	i-ZIP			

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: