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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

(2)

1. Corporation Name STEWART-WALTERS, INC.

SIEW	Ani-Waliens, INO.				
Principal Place	e of Business	Mailing Address		, 1021/27/ 21/ 102/2 11/202 11/10 21/	
208 HWY 17 YULEE FL 3		P.O. BOX 997 YULEE FL 32097			
US	52031	US		3. Date Incorporated or Qualified 05/10/1990	3a. Date of Last Report 05/01/1995
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For Not Applicable
21		26 Outs Ash # etc		58-1714240	\$8.75 Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23	•	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for Florida Statutes	intangible tax under si 199.032, si 🖸 Nő
24	9. Name and Address of Currer	29 29 Agent	30	10. Name and Address of New	
	g. Name and Address of Currer	it negistered Agent	81 Name		
WAI TE	ers, Kenneth R.		82 Street	Address (P.O. Box Number is Not Accepta	ble)
3967 FIRST AVENUE			oz Street	Addiess (F. C. Box Herries)	
	ANDINA BEACH FL 32034		83		
			84 City		85 Zip Code
					FL S Z DOOG T T T T T T T T T
l or registe	t to the provisions of Sections 607.000. ered agent, or both, in the State of Flori vith, and accept the obligations of, Sec	ida. Such change was autro	NZBO DY ING CORPORATIONS	orporation submits this statement for the public board of directors. I hereby accept the app	pointment as registered agent. I am
SIGNATURE	Signature, typed or printed name of registered agen	et ood title if graffinable	(NOTE: Rogistered Agent signature	required when reinstatrigh	DATE
12.		ND DIRECTORS	13.		FICERS AND DIRECTORS IN 12
TITLE	PTD	☐ DELETE	1. 1 TITLE		Change Addition
NAME	WALTERS, KENNETH R.		1.2 NAME		
STREET ADDRESS			1 3 STREET ADDRESS		
CITY-ST-ZIP	FERNANDINA BEACH FL	FI PELETE	1.4 CITY-ST-ZIP		Change Addition
THILF	SD WALTERS HADITU S	☐ DELETE	2. 1 TITLE	ļ	
NAME	WALTERS, JUDITH R. 3967 FIRST AVENUE		2 2 NAME 2 3 STREET ADDRESS		
STREET ADDRESS	FERNANDINA BEACH FL		2.4 CITY-ST-ZIP		
CITY-ST-2IP TITLE	PENIANDINA DEACHTE	DELFTE	3 1 TITLE		Change Addition
NAME			3 2 NAME		
STREET ADDRESS	ŝ		3.3 STREET ADDRESS	; 	
CHY-ST-ZIP			3.4 CITY - ST - ZIP		500 o
TITLE		DELETE	4 1 TITLE		Change Addition
NAME			. 42 NAME		
STREET ADDRESS	S		4.3 STREET ADDRESS		
CITY-ST-ZIP		F-1 00: FTF	4.4 CITY - ST - ZIP	 	Change Addition
TITLE		DELETE	5 1 TITLE		D Systage D 1990064
NAME			5.2 NAME	1	
STREET ADDRESS					
1	s		5.3 STREET ADDRESS		
CITY-S1-ZIP	S	רין חבו בדב	54 CITY-ST-ZIP		☐ Change ☐ Add-lion
CITY-ST-ZIP TITLE	S	☐ DELETE	54 CITY-ST-ZIP 6 1 TITLE		Change Add-tion
CITY-S1-ZIP TITLE NAME		☐ DELETE	5 4 CITY-ST-ZIP 6 1 TITLE 6.2 NAME		Change Add-tion
CITY-S1-ZIP TITLE		☐ DELETE	54 CITY-ST-ZIP 6 1 TITLE		☐ Change ☐ Add-tion

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 certify 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: __

SERVET R. Walters
SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

4/17/96 (904) 225-2018