FROM : MEL STEWART PHONE NO. : 9419660852

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 91070 022 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P02000097893

1. Entity Name
J.M. STEWART & SON, INC.

Principal Place of Business	Mailing Address
9414 HAWKSMOOR LANE SARASOTA FL 34238	9414 HAWKSMOOR LANE SARASOTA FL 34238

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 05-0546846 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEWART, J. MELVIN
9414 HAWKSMOOR LANE
SARASOTA FL 34238

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP STEWART, J. MELVIN 9414 HAWKSMOOR LANE SARASOTA FL 34238 ☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEWART, JOHN M 5454 E SUSSEX WAY FRESNO CA 93727 ☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEWART, DEBORAH E 6369 ASHTON MANOR DR SARASOTA FL 34233 ☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. Melvin Stewart Pres 4-27-04
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL) (TITLE OF INDIVIDUAL) (DATE) (Daytime Phone #)