

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000147504

1. Entity Name
STEWART & STEWART ENTERPRISES, INC.



FILED

07 OCT 12 PM 12:49

CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6864-1 RICKER ROAD
JACKSONVILLE, FL 32244

Mailing Address
6864-1 RICKER ROAD
JACKSONVILLE, FL 32244

2. Principal Place of Business - No P.O. Box #
75820 JOHNSON LAKE RD
Suite, Apt. #, etc.

3. Mailing Address
75820 JOHNSON LAKE RD
Suite, Apt. #, etc.

City & State
YULEE FL

City & State
YULEE FL

4. FEI Number
41-2119035

Applied For
Not Applicable

Zip
32097

Country
NASSAU

Zip
32097

Country
NASSAU

5. Certificate or Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEWART, KEVIN
6864-1 RICKER ROAD
JACKSONVILLE, FL 32244

7. Name and Address of New Registered Agent

Name
STEWART KEVIN
Street Address (P.O. Box Number is Not Acceptable)
75820 JOHNSON LAKE RD
City YULEE FL Zip Code 32097

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 KEVIN STEWART

Signature, typed or printed name of registered agent and title if applicable.

Kevin Stewart

(NOTE: Registered Agent signature required when reinstating)

10-9-07

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE VD
NAME STEWART, ANGELIA
STREET ADDRESS 6864-1 RICKER RD
CITY-ST-ZIP JACKSONVILLE, FL 32244 ☐ Delete

TITLE PSTD
NAME STEWART, KEVIN
STREET ADDRESS 6864-1 RICKER ROAD
CITY-ST-ZIP JACKSONVILLE, FL 32244 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VD ☒ Change ☐ Addition
NAME STEWART ANGELIA
STREET ADDRESS 75820 JOHNSON LAKE RD
CITY-ST-ZIP YULEE FL 32097

TITLE PSTD ☒ Change ☐ Addition
NAME STEWART KEVIN
STREET ADDRESS 75820 JOHNSON LAKE RD
CITY-ST-ZIP YULEE FL 32097

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN STEWART

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-9-07 (904) 548-8132

Date

Daytime Phone #