

2005 FOR PROFIT CORPORATION ANNUAL REPORT

182

DOCUMENT # P04000135962 1. Entity Name STEWART INVESTMENT CORPORATION			
Principal Place of Business 3126 THOMASVILLE ROAD TALLAHASSEE, FL 32308		Mailing Address 3126 THOMASVILLE ROAD TALLAHASSEE, FL 32308	
2. Principal Place of Business 3126 Thomasville Rd Suite, Apt. #, etc. Tallahassee, Fla. City & State 32308		3. Mailing Address 3126 Thomasville Rd. Suite, Apt. #, etc. Tallahassee, Fla. City & State 32308 Zip USA Country	
4. FEI Number 51-0546830		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		07052005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent STEWART, HAROLD 3126 THOMASVILLE ROAD TALLAHASSEE, FL 32308		7. Name and Address of New Registered Agent Name Harold L. Stewart Sr. Street Address (P.O. Box Number is Not Acceptable) 3126 Thomasville Rd. City Tallahassee FL Zip Code 32308	
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: <u><i>Harold L. Stewart Sr.</i></u> 7/13/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees NO.	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEWART, HAROLD 3126 THOMASVILLE ROAD TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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 if changed, or on an attachment with an address with all other like empowered.			
SIGNATURE: <u><i>Harold L. Stewart Sr.</i></u> 7/19/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 7/19/05 Daytime Phone #	

FILED

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SECRET
TALLAHASSEE, FLORIDA



07052005 Chg-P CR2E034 (10/03)

4. FEI Number 51-0546830

Applied For
Not Applicable

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

STEWART, HAROLD
3126 THOMASVILLE ROAD
TALLAHASSEE, FL 32308

Name **Harold L. Stewart Sr.**
 Street Address (P.O. Box Number is Not Acceptable)
3126 Thomasville Rd.
 City **Tallahassee** **FL** Zip Code **32308**

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: *Harold L. Stewart Sr.* **7/13/05**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
NO.

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

10. OFFICERS AND DIRECTORS

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pamela J. JACKSON Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director NEVA JONES 4748 Pantail Drive Tallahassee, Fla. 32317	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000058644750 08/16/05--01021--016 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: *Harold L. Stewart Sr.* **7/19/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2052

D- Pam Porter Jackson
2246 Kilmory Dr
Kennesaw Ga

30152

Home (770) 426-0283

Cell (770) 815-9798

work (678) 931-4638

ext 55