

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P34693** (2)

1. Corporation Name
STEWART SERVICES, INC.



Principal Place of Business: **757 GRADE LANE LOUISVILLE KY 40213**
Mailing Address: **757 GRADE LANE LOUISVILLE KY 40213**

3. Date Incorporated or Qualified: **07/08/1991**
3a. Date of Last Report: **03/20/1995**
4. FEI Number: **61-0976594**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324**
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 637.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: DISTLER, S A	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 757 GRADE LANE	CITY, ST, ZIP: LOUISVILLE KY	12 NAME:	
TITLE: VST	NAME: COSTELLE, J.T. JR.	13 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 757 GRADE LANE	CITY, ST, ZIP: LOUISVILLE KY	14 CITY, ST, ZIP:	
TITLE: D	NAME: DUTHIE, G.F.	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 757 GRADE LANE	CITY, ST, ZIP: LOUISVILLE KY	22 NAME:	
TITLE: VPD	NAME: MARON, J C	23 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 757 GRADE LANE	CITY, ST, ZIP: LOUISVILLE KY	24 CITY, ST, ZIP:	
TITLE: VP	NAME: WEIHE, K L JR	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 757 GRADE LANE	CITY, ST, ZIP: LOUISVILLE KY	32 NAME:	
TITLE:	NAME:	33 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	34 CITY, ST, ZIP:	
TITLE:	NAME:	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	42 NAME:	
TITLE:	NAME:	43 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	44 CITY, ST, ZIP:	
TITLE:	NAME:	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	52 NAME:	
TITLE:	NAME:	53 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	54 CITY, ST, ZIP:	
TITLE:	NAME:	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	62 NAME:	
TITLE:	NAME:	63 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	64 CITY, ST, ZIP:	

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 oath. But 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 of record, or on an attachment with an address.

SIGNATURE: *J.T. Costello, Jr.* **J.T. Costello, Jr.**
Vice President
11/17/96 502-361-4405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)