FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

95 MAY -1 AM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000009179 (2)**

1. Corporation Name

STUART DEVELOPMENT, INC.

Principal Place of Business

123 OAK HAVEN DRIVE
EAST PALATKA FL 32131

Mailing Address

PO BOX 581
E. PALATKA FL 32131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/02/1992**

3a. Date of Last Report: **08/09/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 County — 25

Zip — 29 County — 30

4. FEI Number: **59-3159211** ☐ Applied For ☐ Not Applicable

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 § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STUART, WILLIAM W
123 OAK HAVEN DRIVE
EAST PALATKA FL 32131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

(If changing registered agent, registered agent must sign here.) (If changing registered agent or registered office address.) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 Title	P	1 Title	☐ Change ☐ Addition
1 Name	STUART, WILLIAM W	1 Name	
1 Street Address	123 OAK HAVEN DR.	1 Street Address	
1 City-St-Zip	E. PALATKA FL 32131	1 City-St-Zip	
2 Title	ST	2 Title	☐ Change ☐ Addition
2 Name	STUART, RUTH D	2 Name	
2 Street Address	123 OAK HAVEN DR.	2 Street Address	
2 City-St-Zip	E. PALATKA FL 32131	2 City-St-Zip	
3 Title		3 Title	☐ Change ☐ Addition
3 Name		3 Name	
3 Street Address		3 Street Address	
3 City-St-Zip		3 City-St-Zip	
4 Title		4 Title	☐ Change ☐ Addition
4 Name		4 Name	
4 Street Address		4 Street Address	
4 City-St-Zip		4 City-St-Zip	
5 Title		5 Title	☐ Change ☐ Addition
5 Name		5 Name	
5 Street Address		5 Street Address	
5 City-St-Zip		5 City-St-Zip	
6 Title		6 Title	☐ Change ☐ Addition
6 Name		6 Name	
6 Street Address		6 Street Address	
6 City-St-Zip		6 City-St-Zip	

14. I 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)(i), 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; 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 1, 2, or Block 11 if changed, or on an attachment with an address.

SIGNATURE: William W. Stuart — 5-1-95 — 904/325-3462

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone Number

0403937 FP