

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.**  
**AMOUNT DUE ON OR BEFORE 6/30/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$175)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
 95 JUN 13 AM 9:07

**DOCUMENT # P93000080811 (1)**

1. Corporation Name  
**ROYAL HOUSE OF STUART, INC.**

Principal Place of Business Mailing Address  
**440 BROWN CHAPEL RD ST CLOUD FL 34769**      **440 BROWN CHAPEL RD ST CLOUD FL 34769**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/17/1993**      3a. Date of Last Report **05/01/1994**  
 4. FEI Number **59-3206577**      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**  
 6. This corporation has liability for intangible tax under s. 100.032, Florida Statutes  Yes  No

2. Principal Place of Business      2a. Mailing Address  
 21      26  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 22      27  
 City & State      City & State  
 23      28  
 Zip      County      24      County      30

9. Name and Address of Current Registered Agent  
**MOSCHEL, ROBERT D JR**  
**1609-C E VINE ST**  
**KISSIMEE FL 34744**

10. Name and Address of New Registered Agent  
 B1 Name **PHYLLIS ANN BENNETT HUNT.**  
 B2 Street Address (P.O. Box Number is Not Acceptable) **440 BROWN CHAPEL RD.**  
 B3 **ST. CLOUD**  
 B4 City **FL**      B5 Zip Code **34769**

11. Pursuant to the provisions of Sections 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 Phyllis Ann Bennett Hunt      PHYLLIS ANN BENNETT HUNT.      6/7/95.  
(Signature) (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) (DATE)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>
NAME	<b>MOSCHEL, ROBERT D JR</b>
STREET ADDRESS	<b>1609-C E VINE ST</b>
CITY - ST - ZIP	<b>KISSIMEE FL 34744</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1 1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	<b>PHYLLIS ANN BENNETT HUNT.</b>
1 3 STREET ADDRESS	<b>440 BROWN CHAPEL RD.</b>
1 4 CITY - ST - ZIP	<b>ST. CLOUD, FL. 34769</b>
2 1 TITLE	<b>V.P.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2 2 NAME	<b>WILLIAM STUART HUNT.</b>
2 3 STREET ADDRESS	<b>440 BROWN CHAPEL RD.</b>
2 4 CITY - ST - ZIP	<b>ST. CLOUD FL. 34769.</b>
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	
6 3 STREET ADDRESS	
6 4 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, 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Phyllis Ann Bennett Hunt      PHYLLIS ANN BENNETT HUNT.      6/7/95      407-957-0527  
(Signature) (Typed or printed name of signing officer or director) (Date) (Telephone Number)

CR2E034 (3/95)