

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 # P93000080811 (1)

1. Corporation Name

ROYAL HOUSE OF STUART, INC.



Principal Place of Business

440 BROWN CHAPEL RD
ST CLOUD FL 34769

Mailing Address

440 BROWN CHAPEL RD
ST CLOUD FL 34769

3. Date Incorporated or Qualified

11/17/1993

3a. Date of Last Report

06/13/1995

2. Principal Place of Business

21 1411 WATER LILY LANE

Suite, Apt. #, etc.

22 City & State

23 KISSIMMEE, FL

Zip

24 34744

Country

25 OSCEOLA

2a. Mailing Address

26 1411 WATER LILY LANE

Suite, Apt. #, etc.

27 City & State

28 KISSIMMEE, FL

Zip

29 34744

Country

30 OSCEOLA

4. FEI Number

59-3208577

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 s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BENNETT HUNT, PHYLLIS ANN

~~440 BROWN CHAPEL RD~~ 1411 WATER LILY LANE
~~ST CLOUD FL 34769~~ KISSIMMEE, FL 34744

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 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

Signature, typed or printed name of registered agent and then applicable

(If not, Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME BENNETT HUNT, PHYLLIS ANN

STREET ADDRESS 440 BROWN CHAPEL RD

CITY - ST - ZIP ST CLOUD FL

TITLE VP ☐ DELETE

NAME HUNT, WILLIAM STUART

STREET ADDRESS 440 BROWN CHAPEL RD

CITY - ST - ZIP ST CLOUD FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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 Hunt PHYLLIS ANN HUNT

2/6/96

407-847-5590

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)