

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90002 033 \*\*\*150.00

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DOCUMENT # P95000043696

1. Corporation Name

STEWART RESORTS REALTY, INC.



Principal Place of Business

111 VETERANS BLVD., SUITE 1020  
METAIRIE LA 70005

Mailing Address

111 VETERANS BLVD.  
SUITE 1020  
METAIRIE LO 70005  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/06/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-3322471

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

HUSTON, GARY W R.  
3 WEST GARDEN STREET  
SUITE 600  
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name

Gary W. Huston

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

125 West Romana Street.

83

Suite 800

84 City

Pensacola

FL

85 Zip Code

32591-3010

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-23-99

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME STEWART, FRANK B JR.  
STREET ADDRESS 111 VETERANS BLVD., SUITE 1020  
CITY-ST-ZIP METAIRIE LA

☐ DELETE

TITLE D  
NAME MCNAMARA, JOHN C II  
STREET ADDRESS 111 VETERANS BLVD., SUITE 1020  
CITY-ST-ZIP METAIRIE LA

☐ DELETE

TITLE ST  
NAME JARRETT, KEITH A JR.  
STREET ADDRESS 111 VETERANS BLVD., SUITE 1020  
CITY-ST-ZIP METAIRIE LA

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

*Katherine Harris*  
Katherine Harris  
Secretary of State

4-26-99

Date

504-831-5252

Daytime Phone #

CR2E034 (1/98)