FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mogbam ANNUAL REPORT Secretary of State -23-30 B 412950F CONTORATIONS 1996 P95000061965 (6) DOCUMENT # 1. Corporation Name R & D STEWART, INC. Principal Place of Business Mailing Address 3719 GATLIN WOODS DR 3719 GATLIN WOODS DR ORLANDO FL 32812 ORLANDO FL 32812 3. Date Incorporated or Qualified 3a. Date of Last Report 08/10/1995 2. Principal Place of Business 2a. Mailing Address FEI Numbe Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, Zip Country Yes No 24 25 Florida Statutes 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 STEWART, RALPH R Street Address (P.O. Box Number is Not Acceptable) 3719 GATLIN WOODS DR 83 ORLANDO FL 32812 84 City 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, typical or profed name of regularised against an other it apply about (NOTE: Exigistered Age it signature required when rea state un CR2E034 (12/95) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE RACPA R. STWART 1.1111,6 Change Addition NAME 3719 GATUNWOODS DR 1.2 NAME STREET ADDRESS L3 STREET ADDRESS ORIMNDO, FC 31812 CITY - ST - ZIP 14 CHTY - ST - ZIP DANNA STEWAKT DELETE THILE 2 1 THUE ☐ Change ne tibbA [NAME 2.2 NAME 3719 GATLINWOODS DR STREET ADDRESS 2.3 STREET ADDRESS 32812 CITY - ST - ZIP 24 CITY - ST - ZiP DELETE TITLE Change 3 1 HH F Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CHTY - ST - ZIP CITY - ST - Z-P DELETE TITLE 4 1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - \$7 - ZIP DELETE TI7LE 5 1 TICLE ☐ Channe Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE TITLE 6 1 TITLE 1 Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 City - ST - ZiP is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further upple yental annual report is true and accurate and that my signature shall have the same legal effect as if made under eceive, or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name 14. I do hereby certify that the information supplied with this filing certify that the information indicated on the agreed report or

supple

GNING OFFICER OR DIRECTOR

oath; that I am an officer o

SIGNATURE: