

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

FILED

Jun 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000065445 (5)

LINDA D. STEWART ENTERPRISES, INC.

Principal Place of Business
935 SOUTH PALMETTO
DAYTONA BEACH FL 32114

Mailing Address
935 SOUTH PALMETTO
DAYTONA BEACH FL 32114-5323

3. Date Incorporated or Qualified 08/23/1995	3a. Date of Last Report 08/20/1996
4. FEI Number 59-3332793 APPLIED FOR	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	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Country	28. Zip
24. Country	29. Zip
25. Country	30. Zip

9. Name and Address of Current Registered Agent

STEWART, LINDA D
935 SOUTH PALMETTO
DAYTONA BEACH FL 32114

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 Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, its 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 and agree to accept the obligations of, Section 607.0505, Florida Statutes.

NOTATION:

1. This statement is required to be filed with the corporation's annual report and filed of applicable.

(NOTE: Registered Agent's name is required when filing this statement.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
1. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD STEWART, LINDA D 935 SOUTH PALMETTO DAYTONA BEACH FL 32114 ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
2. TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
3. TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
4. TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
5. TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
6. TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

DID NOT RECEIVE
CURRENT YEAR
FORM

6000002569840
-06/23/98-01073-010
***150.00

12
6.22

14. I do 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. If 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.