

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

FILED
Feb 19 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000022082 (7)
1. Corporation Name
STEWART & ASSOCIATES MANUFACTURING CORPORATION



Principal Place of Business
2330-A NE WALDO ROAD
GAINESVILLE FL 32609
US

Mailing Address
2330-A NW WALDO RD
GAINESVILLE FL 32609
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4639 NW 23rd Place Suite, Apt. #, etc. 22 B City & State 23 Gainesville FL Zip 24 32609		2a. Mailing Address 26 4639 NW 6th Street Suite, Apt. #, etc. 27 B City & State 28 Gainesville FL Zip 29 32609		3. Date Incorporated or Qualified 03/11/1996	
25 USA		30 USA		4. FEI Number 59-3366937 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Additional Fee Required \$8.75		9. Additional Fee Required \$5.00			

9. Name and Address of Current Registered Agent

LAWRENCE & MUTCH, P.A.
708 NW 8TH AVE
GAINESVILLE FL 32601

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 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)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	STEWART, WILLIAM H	
STREET ADDRESS	RT 1, BOX 322-A	
CITY-ST-ZIP	MICANOPY FL 32667	
TITLE	D	DELETE
NAME	GOOD, PAUL E	
STREET ADDRESS	1411 NW 51ST TERR	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE: William H Stewart (352) 325-9917

CR2E034 (10/97)