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FILED
Jul 10 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 # P97000018096 (2)

1. Corporation Name

STUART INFORMATION SERVICES, INC.



Principal Place of Business

632 S.E. MONTEREY ROAD
STUART FL 34994

Mailing Address

632 S.E. MONTEREY ROAD
STUART FL 34994

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/26/1997

2. Principal Place of Business

21 759 S. FEDERAL Hwy

Suite, Apt. #, etc.

22 SUITE#316

City & State

23 STUART FL

Zip

24 34994

Country

25 USA

2a. Mailing Address

26 632 SE Monterey Rd

Suite, Apt. #, etc.

27

City & State

28 STUART FL 34994

Zip

29 34994

Country

30 USA

4. FEI Number

65-0727393

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WILLIAMS, TERRY J
632 S.E. MONTEREY ROAD
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name

TERRY WILLIAMS

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

632 SE MONTEREY RD

83

84 City

STUART

FL

85 Zip Code

34994

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

Terrance Williams

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D
STREET ADDRESS BOND, LINDSEY M
CITY-ST-ZIP P.O. BOX 1142 N/A
PORT SALERNO FL 34992-1142

TITLE ☐ DELETE
NAME D
STREET ADDRESS SUOANTILA, MIKE J
CITY-ST-ZIP 1801 SE GARDEN CT.
STUART FL 34996

TITLE ☐ DELETE
NAME D
STREET ADDRESS ARMSTRONG, SCOTT M
CITY-ST-ZIP 5266 SE MATOUSEK ST.
STUART FL 34997

TITLE ☐ DELETE
NAME D
STREET ADDRESS WILLIAMS, TERRY J
CITY-ST-ZIP 632 S.E. MONTEREY ROAD
STUART FL 34994

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

Terrance Williams

4/29/98

CR2E034 (10/97)