PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000098889

1. Corporation Name

J.M. STEWART MANUFACTURING, INC.

Principal Place	e of Business	Mailing Address		i indiida) ira idiis innii musi musii maile m		0110 1011 1001
710 GLADES COURT 710 GLADES COURT						
PORT ORANGE FL 32127 PORT ORANGE FL 32127		PORT ORANGE FL 32127		DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed		
				11/20/1997		ļ
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	App	lied For
26 5029 Edgewat		er Drive	59-3479850	Not	Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.			<u> </u>	\$8.75 A	dditional	
27		27		5. Certificate of Status Desired	Fee Red	quired]
City & State City & State				6. Election Campaign Financing	\$5.00	May Be
		⊢		Trust Fund Contribution	Added to	, ,
Zip Country Zip		Country	8. This corporation owes the current yea	r Intangible		
24	25	29 32810 30]	Personal Property Tax.		⊠No
	9. Name and Address of Current F			10. Name and Address of New Register	red Agent	
81 Name						
HARRIS, MARSHALL S			Harris, Marshall S. 82 Street Address (P.O. Box Number is Not Acceptable)			
390 NORTH ORANGE AVENUE			82 Street	5029 Edgewater Drive		
SUITE 1100			83			
ORLANDO FL 32801						
			84 City	0.51 0.50	-L 85 Zip C	ode 10
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the			the above-named	corporation submits this statement for the purpos	e of changing its	registered
office or r	edistared agent or both in the State of	Florida. Such change was auth-	onzea by the corbo	ration's board of directors. I hereby accept the appropriate to the property of the property o	opointment as reg	istered
agent. I a	m familiar with, and accept the bligation	ns of, Section 607.0505, Florida	Statutes.	4/6/99		
SIGNATURE	Mais Call Agla		nall S. Ha:		-	
40	Signature, typed or printed name of registered agent at OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS		RS IN 12
12.	D OFFICERS AND	□ DELETE	1.1 TITLE	ABBITOTICIO I VIII COLO I COLO	Change	Addition
			1.2 NAME			_
NAME	BRANDNER, J. WILLIAM		1.3 STREET ADDRESS]
STREET ADDRESS	5029 EDGEWATER DRIVE					
CITY-ST-ZIP	ORLANDO FL 32810	XDELETE	1.4 CITY-ST-ZIP		Change	☐ Addition
TITLE	D	(A)ELETE			¢a.igs	
NAME	HOARD, PHILIP HOWE		2.2 NAME			
STREET ADDRESS	700 GLADES COURT		2.3 STREET ADDRESS			. ~ -
CITY-ST-ZIP	PORT ORANGE FL 32127	·	2.4 CITY+ST-ZIP		☐ Change	Addition
TITLE	D`	☐ DELETE	3.1 TITLE	·	□ Citarige	
NAME	Stewart, J. Melvin		3.2 NAME			
STREET ADDRESS	2201 CANTU COURT, SUITE 217	& 218	3.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34232		3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE	S	☐ Change	Addition
NAME			4.2 NAME	Marshal S. Harris		
STREET ADDRESS			4.3 STREET ADDRESS	5029 Edgewater Drive		
CITY-ST-ZIP	, i		4.4 CITY-ST-ZIP	Orlando, FL 32810		
TITLE		☐ DELETE	5.1 TITLE	T	Change	Addition A
NAME			5.2 NAME	Todd D. Thrasher		
STREET ADDRESS			5.3 STREET ADDRESS	5029 Edgewater Drive		
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Orlando, FL 32810		
		☐ DELETE	6.1 TITLE	OLIGIO TO JEO TO	☐ Change	☐ Addition

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, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADORESS

PFJWWWIIIam Brandner TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99

(407) 521-7477

Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90030 022 ***150.00