| FILE NOW: FI | LING FEE AFTI | ER MAY 1 IS \$225.00 | |
|---------------------------------------|---------------|--|--|
| PROFIT CORPORATION ANNUAL REPORT 1996 | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # 1. Corporation Name | S17067 | (7) | |
| GENE STEWART, I | NC. | | |

| GENE | E STEWART, INC. | | | | | | | | |
|------------------------|---|-----------------------------|--|-------------------------------------|----------------------|---|--------------|---------------|------------------------|
| Principal Place | of Business | Mailing Address | | | | | | 1811 91811 91 | AII EIĞII ƏIBII IABI |
| 1850 LEE | ROAD | 1850 LEE ROAD | | | | | | | |
| 334 334 | | 60760 | | | | | | | |
| WINTER P | ARK FL 32789 | WINTER PARK FL US | . 32/09 | y | | 3. Date Incorporated or Qualified | 3a. Date | | |
| • | | | | | | 11/27/1990 | ' | 05/22/1 | 995 |
| 2. Principal Pla | ace of Business | 2a. Mailing Address | | | | 4. FEI Number | | 1 | Applied For |
| 21 | | 26 | | | | 59-3038931 | | | Not Applicable |
| Suite, Apt. i | #, etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | | Additional Required |
| 22 | | 27 City & State | | | | Election Campaign Financing | | | O May Be |
| City & State | • | City & State | | | | Trust Fund Contribution | | | U May Be d to Fees |
| 23 Zip | Country | Zip | Cor | untry | | 8. This corporation has liability for i | ntangible ta | | |
| 24 | 25 | 29 | 30 | | | · · · · · · · · · · · · · · · · · · · | □ No | | |
| | 9. Name and Address of Curr | | L | | | 10. Name and Address of New R | egistered / | Agent | |
| | | | | 81 | Name | | | | |
| STEW | art, gene | | | 82 | Street Addr | ess (P.O. Box Number is Not Acceptab | le) | | |
| | KINGS LANE | | | | OB COLF ID G | | | | |
| EUSTI | S FL 32726 | | | 83 | | | | | |
| | | | | 84 | City | | | 85 Zi | p Code |
| | | | | | , | ation submits this statement for the pur | <u>FL</u> | 1 1 | |
| SIGNATURE . | Signature, typed or printed name of registered ag | ent and title if applicable | (NOTE Registere | | t signature required | J when reinstating) ADDITIONS/CHANGES TO OFF | DATE | DIRECTO | ORS IN 12 |
| THILE | D | DELETE | | TITLE | | | | Change | Addition |
| NAME . | STEWART, EUGENE G. | | 1.21 | NAME | | | | | |
| STREET ADDRESS | 35624 KINGS LANE | | 1.3 \$ | STREET | ADDRESS | | | | |
| CiTY-SE-ZIP | EUSTIS FL | | 1.4 (| CITY - S | T-ZIP | | | | |
| TiTLE | | ☐ DELETE | 2 1 | TITLE | ļ | | | Change | ☐ Addition |
| NAME | | | 221 | NAME | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | | |
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| NAME 010101 ADDDESS | | | | | T ADDRESS | | | | |
| STREET ADDRESS | | | | STREET CITY - S | | | | | |
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| NAME | | | | NAME | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | | |
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| TITLE | | E DELETE | 5.1 | TITLE | | | [| Change | ☐ Addition |
| NAME | | ☐ DELETE | J. 1 | | | | | | |
| STREET ADORESS | | ☐ DELETE | | NAME | | | | | |
| | | ∐ DELE≀E | 5.2 | | ADDRESS | | | | |
| CITY-ST-ZIP | | | 5.2 5.3 5.4 | STREET COLY-S | | | | T 01 | Addition. |
| TITLE | | DETELE | 5.2 5.3 5.4 6 1 | STREET COLY-S TOLE | | | [| Change | ☐ Addition |
| TITLE NAME | | | 5.2 5.3 5.4 6.1 | STREET CITY - S TITLE NAME | ST-ZIP | |] | Change | ☐ Addition |
| TITLE | | | 5.2 5.3 5.4 6 1 6 2 6 3 | STREET CITY - S TITLE NAME | ST-ZIP | | [| Change | ☐ Addition |

14. Lob hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 cath; that I am an officer or director of the corgoration 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:

| SIGNATURE | CHAPTER |