2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # V57524

1. Entity Name
STEWART PROPERTIES OF TAMPA, INC.

Principal Place of Business	Mailing Address
3401 W CYPRESS ST TAMPA, FL 33607	3401 W CYPRESS STREET STE. 202 TAMPA, FL 33607-5040

DO NOT WRITE IN THIS SPACE

03022004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3138030
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HICKMAN, HAROLD E
3401 W CYPRESS ST
STE. 202
TAMPA, FL 33607

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HICKMAN, HAROLD E
STREET ADDRESS	1614 ALTOONA WAY
CITY-ST-ZIP	BRANDON, FL
TITLE	D
NAME	COFER, JOSEPH B
STREET ADDRESS	ONE HARBOUR PLACE
CITY-ST-ZIP	TAMPA, FL
TITLE	D
NAME	MOHLER, EUGENE A
STREET ADDRESS	3035 COUNTRY SIDE RD
CITY-ST-ZIP	CLEARWATER, FL
TITLE	D
NAME	REAVES, VIRGINIA
STREET ADDRESS	2401 ARDSON PL APT 403B
CITY-ST-ZIP	TAMPA, FL
TITLE	P
NAME	HICKMAN, HAROLD E
STREET ADDRESS	1614 ALTOONA WAY
CITY-ST-ZIP	BRANDON, FL
TITLE	SD
NAME	MILLER, E. BRADFORD
STREET ADDRESS	4112 CARROLLWOOD VILLAGE DR
CITY-ST-ZIP	TAMPA, FL

U00000118362
04/19/04-80056-021 150.00

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Harold Hickman 4/16/04 813-8760619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #