

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 208155

**Entity Name:** STEWART & SONS INSURANCE, INC.

**Current Principal Place of Business:**

8548 CRYSTAL CT.  
FORT MYERS, FL 33907

**Current Mailing Address:**

PO BOX 60029  
FORT MYERS, FL 33906 US

**FEI Number: 59-0817890**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

STEWART, JIM R  
16190 FOREST OAKS DRIVE  
FORT MYERS, FL 33908 US

*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.*

**SIGNATURE:** JIM STEWART

01/11/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name STEWART, JAMES R.  
Address 8548 CRYSTAL CT.  
City-State-Zip: FORT MYERS FL 33907

Title V  
Name STEWART, LINDA L.  
Address 8548 CRYSTAL CT.  
City-State-Zip: FORT MYERS FL 33907

Title S  
Name PORTER,SANDRA L.  
Address 8548 CRYSTAL CT.  
City-State-Zip: FORT MYERS FL 33907

Title T  
Name STEWART, GARY W  
Address 8548 CRYSTAL CT.  
City-State-Zip: FORT MYERS FL 33907

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JAMES R. STEWART

**PRES.**

01/11/2021

Electronic Signature of Signing Officer/Director Detail

Date