

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000007205 (4)**

1. Corporation Name
STOKES-MCCRAY, INC.



Principal Place of Business: **9551 BAYMEADOWS RD SUITE 4 JACKSONVILLE FL 32256**
Mailing Address: **9551 BAYMEADOWS RD SUITE 4 JACKSONVILLE FL 32256**

3. Date Incorporated or Qualified: **01/24/1995**
3a. Date of Last Report

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

4. FEI Number: **59-3294042**
Applied For: Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BERGMANN, THOMAS C
9551 BAYMEADOWS RD
SUITE 4
JACKSONVILLE FL 32256**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	BERGMANN, THOMAS C	
STREET ADDRESS	9551 BAYMEADOWS RD	
CITY - ST - ZIP	JACKSONVILLE FL 32256	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STOKES, E. CHESTER JR	
STREET ADDRESS	9551 BAYMEADOWS RD	
CITY - ST - ZIP	JACKSONVILLE FL 32256	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1. TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	9551 BAYMEADOWS ROAD, SUITE 4	
13. STREET ADDRESS		
14. CITY - ST - ZIP		
2. TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	9551 BAYMEADOWS ROAD, SUITE 4	
23. STREET ADDRESS		
24. CITY - ST - ZIP		
3. TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32. NAME	BRAREN, MICHAEL E.	
33. STREET ADDRESS	9551 BAYMEADOWS ROAD, SUITE 4	
34. CITY - ST - ZIP	JACKSONVILLE, FL 32256	
4. TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42. NAME	WALLACE, L. DENISE	
43. STREET ADDRESS	9551 BAYMEADOWS ROAD, SUITE 4	
44. CITY - ST - ZIP	JACKSONVILLE, FL 32256	
5. TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52. NAME	FREDENHAGEN, SHARON W.	
53. STREET ADDRESS	9551 BAYMEADOWS ROAD, SUITE 4	
54. CITY - ST - ZIP	JACKSONVILLE, FL 32256	
6. TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62. NAME	HICE, SHERRY	
63. STREET ADDRESS	9551 BAYMEADOWS ROAD, SUITE 4	
64. CITY - ST - ZIP	JACKSONVILLE, FL 32256	

14. I do 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 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: *Sherry Hice*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SHERRY HICE

4/9/96 904/739-2249
Date Daytime Phone #

CF2E034 (12/95)