

**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 (21-24) and Mailing Address (26-30) fields for Suite, Apt. #, City & State, Zip, and Country.

4. FEI Number: **59-3294042**  
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: **BERGMANN, THOMAS C 9551 BAYMEADOWS RD SUITE 4 JACKSONVILLE FL 32256**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                                      |  |
|---------------------|--------------------------------------|--|
| 1. TITLE            | <b>DV</b>                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME             | <b>9551 BAYMEADOWS ROAD, SUITE 4</b> |  |
| 3. STREET ADDRESS   |                                      |  |
| 4. CITY - ST - ZIP  |                                      |  |
| 2. TITLE            | <b>DP</b>                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME             | <b>9551 BAYMEADOWS ROAD, SUITE 4</b> |  |
| 3. STREET ADDRESS   |                                      |  |
| 4. CITY - ST - ZIP  |                                      |  |
| 3. TITLE            | <b>V</b>                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME            | <b>BRAREN, MICHAEL E.</b>            |  |
| 3.3 STREET ADDRESS  | <b>9551 BAYMEADOWS ROAD, SUITE 4</b> |  |
| 3.4 CITY - ST - ZIP | <b>JACKSONVILLE, FL 32256</b>        |  |
| 4. TITLE            | <b>V</b>                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME            | <b>WALLACE, L. DENISE</b>            |  |
| 4.3 STREET ADDRESS  | <b>9551 BAYMEADOWS ROAD, SUITE 4</b> |  |
| 4.4 CITY - ST - ZIP | <b>JACKSONVILLE, FL 32256</b>        |  |
| 5. TITLE            | <b>VT</b>                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME            | <b>FREDENHAGEN, SHARON W.</b>        |  |
| 5.3 STREET ADDRESS  | <b>9551 BAYMEADOWS ROAD, SUITE 4</b> |  |
| 5.4 CITY - ST - ZIP | <b>JACKSONVILLE, FL 32256</b>        |  |
| 6. TITLE            | <b>S</b>                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME            | <b>HICE, SHERRY</b>                  |  |
| 6.3 STREET ADDRESS  | <b>9551 BAYMEADOWS ROAD, SUITE 4</b> |  |
| 6.4 CITY - ST - ZIP | <b>JACKSONVILLE, FL 32256</b>        |  |

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)