

**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 # **499562** (7)  
1. Corporation Name  
**STOKES & WILLIAMS, INC.**



Principal Place of Business: **9551 BAYMEADOWS RD #4 JACKSONVILLE FL 32256-4938**  
Mailing Address: **9551 BAYMEADOWS RD #4 JACKSONVILLE FL 32256-4938**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/23/1976</b>	3a. Date of Last Report <b>05/01/1995</b>
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FET Number <b>59-1805419</b>	Applied For Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
25. Zip	26. Country	30. Zip	31. Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<b>STOKES, E. CHESTER, JR.</b> <b>9551 BAYMEADOWS RD #4</b> <b>JACKSONVILLE FL 32256</b>				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83. City	
				84. Zip Code	<b>FL</b>

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	<b>PDT</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STOKES, E CHESTER JR</b>	1.2 NAME	
STREET ADDRESS	<b>9551 BAYMEADOWS RD #4</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>V</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FREDENHAGEN, SHARON W</b>	2.2 NAME	
STREET ADDRESS	<b>9551 BAYMEADOWS RD #4</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>S</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HICE, SHERRY</b>	3.2 NAME	
STREET ADDRESS	<b>9551 BAYMEADOWS RD #4</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 4/9/96 904/739-2249  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)