## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(2)

STOKES REALTY OF SARASOTA, INC.

**FILED** May 08 1998 8:00am Secretary of State

| Principal Place of Business Mailing   |                             | Mailing Address                       | ng Address         |                                   |   | Til giðir njófi bleir dikit din | ii 61011 1801 |
|---|-----------------------------|---------------------------------------|--------------------|-----------------------------------|---|---------------------------------|---------------|
| 4637 SAWYER RD<br>SARASOTA FL 34233   |                             | 4637 SAWYERS, FL<br>SARASOTA FL 34233 |                    | DO NOT WEIT                       | E IN THIS SPACE   |                                 |               |
| U\$   |                             | US                                    |                    | 3. Date Incorporated or Qualified | DO NOT WRITE IN THIS SPACE                                    |                                 |               |
|   |                             |                                       |                    |                                   | 03/16/1977  |                                 |               |
| 2. Principal  | Place of Business           | 2a. Mailing Address                   |                    |                                   | 4. FEI Number   | T IAr                           | plied For     |
| 21  | 26                          |                                       |                    | 59-1726744                        | <del>  </del>   | ot Applicable                   |               |
|   |                             | Suite, Apt. #, etc.                   | spt. #, etc.       |                                   | 1   | \$8.75                          |               |
| 22 27   |                             | 27                                    |                    |                                   | 5. Certificate of Status Desired                              | Fee Re                          | equired       |
| City & State City & State   |                             |                                       |                    |                                   | 6. Election Campaign Financing                                | \$5.00                          | May Be        |
| 23 28   |                             |                                       |                    | Trust Fund Contribution           | Added 1   | to Fees                         |               |
| Zip   | Country                     | Zıp                                   | Cour               | itry                              | 8. This corporation owes or has pa                            |                                 |               |
| 24  | 9. Name and Address of Curr | 29 29 Agent                           | 30                 |                                   | Personal Property Tax due June 10. Name and Address of New Re |                                 | ] No          |
|   |                             | uir vaðisretari viletir               |                    | 81 Name                           | 10, Name and Address of New No                                | Misteren võent                  |               |
| STOKES, MILDRED   |                             |                                       |                    |                                   |   |                                 |               |
| 4637 SAWYER RD  |                             |                                       |                    | 92 Street A                       | ddress (P.O. Box Number is Not Acceptal                       | ple)                            |               |
| SARASOTA FL 34233   |                             |                                       | ŀ                  | B3                                |   |                                 |               |
|   |                             |                                       | 1                  |                                   |   |                                 |               |
|   |                             |                                       | -                  | B4 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registe  |                             |                                       |                    |                                   | equired when reinstaling)                                     | DATE                            |               |
| 12.   | OFFICERS A                  | ND DIRECTORS                          | 13.                |                                   | ADDITIONS/CHANGES TO OFFIC                                    | CERS AND DIRECTOR               | IS IN 12      |
| TITLE   | PD                          | ☐ DELETE                              | 1.1 703            | .E                                |   | ☐ Change                        | ☐ Addition    |
| NAME  | 0.0.00                      |                                       | 1.2 NAME           |                                   |   |                                 |               |
| STREET ADDRESS  |                             |                                       | 1.3 STREET ADDRESS |                                   |   |                                 | ļi            |
| CITY-ST-ZIP   | SARASOTA FL                 |                                       |                    | Y-ST-ZIP                          |   |                                 |               |
| TITLE   | D                           | ☐ DELETE                              | 2.1 TIT            |                                   |   | ☐ Change                        | Addition      |
| NAME  |                             |                                       | 2.2 NA             |                                   |   |                                 |               |
| STREET ADDRESS  | 4637 SAWYER RD              |                                       |                    | EET ADORESS                       |   |                                 |               |
| CITY-ST-ZIP   | SARASOTA FL                 |                                       | 2. 4 Cit           | Y-ST-ZIP                          |   | Change                          | Addition      |
| TITLE<br>NAME   | DONOGHUE, JANE S.           |                                       |                    |                                   |   | TT Originals                    | L. Addition   |
| STREET ADDRESS  |                             |                                       | 3.2 NAJ            | EET ADDRESS                       |   |                                 |               |
| CITY-ST-ZIP   | SARASOTA FL                 |                                       |                    | Y-ST-ZIP                          |   |                                 |               |
| TITLE   | D                           | ☐ DELETE                              | 4.1 TiTi           |                                   |   | Change                          | Addition      |
| NAME  | AABYE, CAROLYN              | _                                     | 4. 2 NA            |                                   |   |                                 |               |
| STREET ADDRESS  | ****                        |                                       | 1                  | EET ADDRESS                       |   |                                 |               |
| CITY-ST-ZIP   | SARASOTA FL                 | •                                     |                    | Y-ST-ZIP                          |   |                                 |               |
| TITLE   | D                           | ☐ DELETE                              | 5.1 TITI           |                                   | <u>.                                      </u>                | Change                          | Addition      |
| NAME  | FALCONER, CHRISTINE ST      | <b>DK</b>                             | 5.2 NA             | AE                                |   |                                 |               |
| STREET ADDRESS  |                             |                                       | 5.3 STF            | EET ADDRESS                       |   |                                 |               |
| CITY-ST-ZIP   | SARASOTA FL                 |                                       | 5.4 CIT            | r-ST-ZIP                          |   |                                 |               |
| TITLE   |                             | ☐ DELETE                              | 6.1 TiTl           | .E                                |   | Change                          | Addition      |
| HAME  |                             |                                       | 6.2 NA             | AE                                |   |                                 |               |
| STREET ADDRESS  | s                           |                                       | 6.3 STF            | EET ADDRESS                       |   |                                 |               |
| CITY-ST-ZIP   |                             |                                       | 6.4 CIT            | r-St-ZIP                          |   |                                 |               |

I nereby 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 informatio 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.

MICHAEL

GNATURE:

4-26-98-94/924200/