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 #

590165

(7)

STOKES & COMPANY REALTY GROUP, INC.

Principal Place of Business Mailing Address

FILED May 14 1998 8:00am Secretary of State



9551 BAYMEADOWS RD., SUITE 4 JACKSONVILLE FL 32256-4938		9551 BAYMEADOWS RD., SUITE 4 JACKSONVILLE FL 32256-4938				
					DO NOT WRITE IN THIS S	SPACE
					 Date Incorporated or Qualified 10/17/1978 	
_	Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For
21 26		_ 			59-1856402	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State				Fee Required
23	•				6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28	Count	rv	Trust Fund Contribution	Added to Fees
24	25	29	30	,	8. This corporation owes or has paid the curr Personal Property Tax due June 30.	entyear Intangible Yes □ No □
	9. Name and Address of Current		100		10. Name and Address of New Registered A	
ST	OKES JR., E. CHESTER		8	1 Name		-
9551 BAYMEADOWS RD., SUITE 4 JACKSONVILLE FL 32256			8	Ctroot	Address (D.O. Box Number in Met Assessable)	
			64	Street.	Address (P.O. Box Number is Not Acceptable)	
-			8:	3	\	
			-			
			84	City	FL	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	utes, the abo	ve-named	corporation submits this statement for the purpose of	changing its registered
office or n	egistered age nt, or both, in the State o m fami liar with, and accept the obligati	f Florida. Such change was ions of, Section 607 0505. F	authorized b	by the corp	poration's board of directors. I hereby accept the apport	nintment as registered
SIGNATURE			Torrott Orlands			
SIGNATORE	Signature, typed or printed name of registered agent	and title if applicable (NC	TE: Registered A	gent eignature	required when reinstaling) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	PO	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME STOKES, E. CHESTER JR			1.2 NAME			
STREET ADDRESS 9551 BAYMEADOWS RD., #4			1.3 STREET ADDRESS			
CITY-ST-ZIP			1.4 CITY -	ST-ZIP		
TITLE	AS	DELETE	2.1 TITLE			Change Addition
NAME	MICE, SHERRY		2.2 NAME			
STREET ADDRESS	9551 BAYMEADOWS RD., #4		2.3 STREE	T ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL VST DELETE		2.4 CITY	·SI - ZIP		
TITLE			3.1 TITLE		<u> </u>	Change Addition
NAME STORET ADDRESS	BERGMANN, THOMAS C. 9551 BAYMEADOWS RD., #4		3.2 NAME			
STREET ADDRESS	JACKSONVILLE FL			T ADDRESS		
CITY-ST-ZIP TITLE	A A CHOCKAILE LE	DELETE	3.4. CITY-	ST-ZIP		Change Addition
NAME	FREDENHAGEN, SHARON W	LJ DECETE	4.2 NAM		'	Change Addition
STREET ADDRESS	9551 BAYMEADOWS RD., #4		•	1 ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-			
TITLE	V	DELETE	5.1 TITLE	ar. Fit		Change Addition
NAME	WALLACE, DENISE L		5.2 NAME		•	(۱۸۵۸۱۱۱۱ نیم
STREET ADDRESS	9551 BAYMEADOWS RD #4			T ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-			
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	T ADDRESS		
CITY-ST-ZIP			6.4 CITY-	ST-ZIP		
14. I hereby co	ertify that the information supplied with	this filing does not qualify the	for the exemn	ntion state	d in Section 119.07(3)(i), Florida Statutes. I further cert	ify 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 o	or Block 13 if changed, or on an attach	ment with an address.				,
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