

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90046 028 \*\*\*150.00

DOCUMENT # 590165

1. Corporation Name

STOKES & COMPANY REALTY GROUP, INC.

Principal Place of Business

9551 BAYMEADOWS RD., SUITE 4  
JACKSONVILLE FL 32256-4938

Mailing Address

9551 BAYMEADOWS RD., SUITE 4  
JACKSONVILLE FL 32256-4938

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/17/1978

4. FEI Number

59-1856402

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 owes the current year tangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

STOKES JR., E. CHESTER  
9551 BAYMEADOWS RD., SUITE 4  
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME STOKES, E. CHESTER JR  
STREET ADDRESS 9551 BAYMEADOWS RD., #4  
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE AS  
NAME HICE, SHERRY  
STREET ADDRESS 9551 BAYMEADOWS RD., #4  
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE VST  
NAME BERGMANN, THOMAS C.  
STREET ADDRESS 9551 BAYMEADOWS RD., #4  
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE V  
NAME FREDENHAGEN, SHARON W  
STREET ADDRESS 9551 BAYMEADOWS RD., #4  
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE V  
NAME WALLACE, DENISE L  
STREET ADDRESS 9551 BAYMEADOWS RD #4  
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I hereby 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 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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Sherry Hice*

Sherry Hice

4/23/99

904/739-2249

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)