SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 SEP 11 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H31933 (5)

1. Corporation Name
STOKES-O'STEEN COMMUNITIES, INC.

Principal Place of Business
9250 BAYMEADOWS ROAD
SUITE 200
JACKSONVILLE FL 32256

Mailing Address
9250 BAYMEADOWS ROAD
SUITE 200
JACKSONVILLE FL 32256
US

3. Date Incorporated or Qualified: 11/28/1984
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2469044 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21) — Suite, Apt #, etc. (22) — City & State (23) — Zip (24) — Country (25)
2a. Mailing Address (26) — Suite, Apt #, etc. (27) — City & State (28) — Zip (29) — Country (30)

9. **Name and Address of Current Registered Agent**
PEDERSON, TANYA P
9250 BAYMEADOWS RD
STE 200
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

12. OFFICERS AND DIRECTORS

TITLE	CP	☐ DELETE
NAME	O'STEEN, ROGER M.	
STREET ADDRESS	9250 BAYMEADOWS RD #200	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	☐ DELETE
NAME	PEDERSON, TANYA P	
STREET ADDRESS	9250 BAYMEADOWS RD #200	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	ST	☐ DELETE
NAME	OWENS, LAUREN L	
STREET ADDRESS	9250 BAYMEADOWS RD STE 200	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

700001185543
-09/24/96--01167--042
****375.00 ****375.00

(☐ Change ☐ Addition for each entry)

9/20/96

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)(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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Tanya P Pederson TANYA P. PEDERSON 8-6-96 904-461-1101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)