

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H32894** (8)
1. Corporation Name
STOKES-COLLINS & COMPANY, INC.



Principal Place of Business

**3840 CROWN POINT ROAD, SUITE A
JACKSONVILLE FL 32257**

Mailing Address

**3840 CROWN POINT ROAD, SUITE A
JACKSONVILLE FL 32257**

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. 25. Country

29. 30. Country

9. Name and Address of Current Registered Agent

**KNOWLES, MARK A.
3840 CROWN PT RD
STE A
JAX FL 32257**

3. Date Incorporated or Qualified
12/05/1984

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2469047

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

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 609.03(2) and 607.11(5), 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 607.06(5), Florida Statutes.

SIGNATURE

(Print Name, Title, and Address of the Registered Agent)

(Print Name, Title, and Address of the Registered Agent)

Date

12. OFFICERS AND DIRECTORS

NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
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TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE

**D
STOKES, E. CHESTER, JR.
9551 BAYMEADOWS RD #4
JACKSONVILLE FL
DP
COLLINS, J. DANIEL
3840 CROWN PT RD, STE A
JAX FL
VT
KNOWLES, MARK A.
3840 CROWN PT RD, STE A
JACKSONVILLE FL
S
HOLLAND, BEVERLY
3840 CROWN PT RD, STE A
JACKSONVILLE FL**

☐ DELETE
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP
21. TITLE

☐ Change ☐ Addition
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14. I 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 included on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the registered 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:

Mark A. Knowles

Mark A. Knowles, V.P.

2/22/96

904-268-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)