

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J75947 (8)

1. Corporation Name

STOKES-NASSAU, INC.



Principal Place of Business

9551 BAYMEADOWS RD #4
JACKSONVILLE FL 32256-4938

Mailing Address

9551 BAYMEADOWS RD #4
JACKSONVILLE FL 32256-4938

3. Date Incorporated or Qualified
06/03/1987

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-2808684

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ DELETE

1.1 TITLE

DP

☒ Change ☐ Addition

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

☐ DELETE

2.1 TITLE

VT

☒ Change ☐ Addition

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

☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

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

☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE

V

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

BRAREN, MICHAEL E

6.3 STREET ADDRESS

9551 BAYMEADOWS RD #4

6.4 CITY-ST-ZIP

JACKSONVILLE FL

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)(k), 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:

Sherry Hice
SHERRY HICE

4/9/96 904/739-2249

Date Daytime Phone #

CR2E034 (12/95)