

**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
Jandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 AUG 30 AM 11:08

DOCUMENT # **K59811 (5)**

1. Corporation Name
STOKES FERRY CORPORATION, INC.



Principal Place of Business Mailing Address
13590 S.W. STATE ROAD 200 DUNNELLON FL 34432

3. Date Incorporated or Qualified **01/20/1989** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-2931725** 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 2a. Mailing Address
21 Suite, Apt #, etc 26 Suite, Apt #, etc
22 City & State **no change** 28 City & State
23 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent
**DRAKE, GEORGE M.
13590 S.W. STATE ROAD 200
DUNNELLON FL 34432**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number Not Acceptable)
83 **no change**
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0503 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 *George M. Drake* DATE **7/30/96**

12. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> DELETE
NAME	SLEETH, JOAN	
STREET ADDRESS	1015 N.E. 8TH AVE.	
CITY - ST - ZIP	OCALA FL 34470	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DRAKE, GEORGE M.	
STREET ADDRESS	13590 S.W. STATE ROAD 200	
CITY - ST - ZIP	DUNNELLON FL 34432	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DRAKE, TRUSTEN H.	
STREET ADDRESS	2123 S.E. 12 STREET	
CITY - ST - ZIP	OCALA FL 34471	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	no change
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	
22 NAME	400001841854 -03/03/96 --01014 --001 ****225.00 ****225.00
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	
32 NAME	<i>George M. Drake</i> 8/20/96
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.
SIGNATURE: *George M. Drake, Pres.* **GEORGE M. DRAKE** 8/20/96 **352 AC 237-7333**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Guyton Printer #

CR2E034 (3/96)