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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K59811

(5)

STOKES FERRY CORPORATION, INC.

2123 S.E. 12 STREET

OCALA FL 34471

FILED May 01 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					a samimini das Baisia sanki danai hidda isan dikki dikin dibin dibin dibis didis kikit isabs				
		•					6		
13580 S.W. STATE ROAD 200 DUNNELLON FL 34432			13590 S.W. STATE ROAD 200 DUNNELLON FL 34432						
DOMECTO	112 0432	`	DOINTELEON 12 OTTO				DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified		
							01/20/1989		
2. Principal	Place of Business	20.	2a. Mailing Address				4. FEI Number Applied For		
21			26				59-2931725 Not Applicable		
Suite, Apt. W. etc.		<u> -v</u>].	Suite, Apt. #, etc.			 	SR 75 Additional		
22		27	27				5. Certificate of Status Desired Fee Regulred		
City & State			City & State				Election Campaign Financing \$5.00 May Be		
23		28	28				Trust Fund Contribution Added to Fees		
Zip	Country		Zip	Cou	Country		8. This corporation owes or has paid the current year Intangible		
24	25	29		30			Personal Property Tax due June 30. Yes No		
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent		
DRAKE, GEORGE M.					81 Name				
13590 S.W. STATE ROAD 200					82	Stroot Add	Iress (P.O. Box Number is Not Acceptable)		
DUNNELLON FL 34432					02	Ollegt Add	Tibas (F.O. Dox Profitable is Not Acceptable)		
_					83				
L									
				84	,	FL 85 Zip Code			
11. Pursuan	to the provisions of Sections 607.0	0502 and 6	07.1508, Florida Statut	tes, the at	OOVE	-named cor	poration submits this statement for the purpose of changing its registered		
agent.	am familiar with, and accept the ob	rigations o	I, Section 607.0505, Fk	orida Stat	utes	3.	ation's board of directors. I hereby accept the appointment as registered		
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered					d Age	int signature requ	uired when reinstating) DATE		
12.				13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE			1.1 10			Change Addition			
NAME	SLEETH, JOAN		1.2 N	1.2 NAME					
STREET ADDRESS 1015 N.E. 8TH AVE.			1.3		AEET	ADDRESS			
CITY-ST-ZIP OCALA FL 34470					TY-S	T-ZIP			
TITLE	PD		DELETE 211		TITLE		Change Addition		
744.2			2.2 N	VAME					
			2 3 ST	2 3 STREET ADDRESS					
CITY-ST-ZIP DUNNELLON FL 34432					ITY-S	ST-ZIP			
TITLE	VO DELETE		3 1 TI	1 TITLE		Change Addition			
	DRAKE TRICTEN H		0.014		1				

64 CITY-ST-ZIP

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 suppliemental annual seport is true and accurate glid that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or fustee 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 to be an attail that with an address.

3.3 STREET ADDRESS

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.1 TITLE 4. 2 NAME

51 TITLE

5.2 NAME

61 TITLE

6.2 NAME

DELETE

DELETE

DELETE

OLONIATURE.

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE NAME

TITLE

NAME

1/98 352-237-733

Change

Change

Change

Addition

Addition

Addition