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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Socretary of State
DIVISION OF CORPORATIONS

1996
DOCUMENT # L57230

DOCUMENT # L57230 (9) 1. Corporation Nature WYMAN STOKES BUILDER, INC. Principal Place of Business Mailon Address							
	REGOR BLVD.	Mailing Address P.O. BOX 07315 FT. MYERS FL 33919			viv. 6800 61611 61611 61611 61	au aibh Bibli tàil	
					3. Date Incorporated or Qualifie 03/14/1990	3a. Date of Lest	Report 995
Principal P	lace of Business	2a. Mailing Address 26 Suite, Apt. #, etc. 27		4. FEI Number 65-0179454		Applied For Not Applicable	
Suite, Apt	#, etc.			5. Certificate of Status Desired	1 1	\$8.75 Additional Fee Required	
City & State	e	City & State			Election Campaign Financing Trust Fund Contribution	55.	00 May Be
Ζιμι	Country 25	Z _i p 29	Count	ry	8. This corporation has liability for Florida Statutes	or Intangible tax under	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New		
STOKES	2 R W		8	Name			
	MCGREGOR BLVD.		8	2 Street Add	lress (P.O. Box Number is Not Accept	table)	
	IYERS FL 33908		8				
			8	4 City		FL 85	Zip Code
L. Pursuant t	to the provisions of Sections 607.050;	2 and 607.1508, Florida Sta	tutes, the above	named corpo	pration submits this statement for the	purpose of changing its	registered office
tamiliär wii GNATURE	Standard, typed or printed name of registered agen	it are tool applicable		poration's boa	ard of directors. I hereby accept the ap	purpose of changing its pointment as registere 2-/5-9	ed agent. I am
familiär wil GNATURE	th, and accept the obligations of, Sec Standard temporal printed temporal agen OFFICERS AN	tion 607.0505, Florida Statu care too Lappleate ID DIRECTORS	the Collins of the Co	por attorn's boa	ard of directors. I hereby accept the ap	2-15-9	d agent. I am
tamiliär wil GNATURE LE	In, and accept the obligations of, Sec Strature type to printed name of registered agen	it are tool applicable	(NOTE Registered Ac	poration's boa	ard of directors. Thereby accept the ap	2-15-9	ORS IN 12
tamiliär wil GNATURE L LE	th, and accept the obligations of, Sec Structure, tyroid or printed name of registered agen OFFICERS AN	tion 607.0505, Florida Statu care too Lappleate ID DIRECTORS	INOTE Registered Ap 1.1 Title 1.2 NAM	por allion is poda pint signature requira	ard of directors. Thereby accept the ap	2-/5-9 DATE FRICERS AND DIRECT	ORS IN 12
tamilier wil GNATURE LE ME RET ADDRESS	PD OFFICERS AN STOKES, B. WYMAN 15951 MCGREGOR BLVD. FT. MYERS FL	tion 607.0505, Florida Statu care too Lappleate ID DIRECTORS	(NOTE: Registered A) 13. 1.1 Tifl 1.2 NAM 1.3 STRE	por allor 1's Doa	ard of directors. Thereby accept the ap	2-/5-9 DATE FRICERS AND DIRECT	ORS IN 12
tomilite wil GNATURE LE ME RELADORISS Y ST ZIP	PD STOKES, B. WYMAN 15951 MCGREGOR BLVD. FT. MYERS FL	tion 607.0505, Florida Statu care too Lappleate ID DIRECTORS	INOTE Registered Ap 1.1 Title 1.2 NAM	por attorn s boar	ard of directors. Thereby accept the ap	2-/5-9 DATE FRICERS AND DIRECT	ORS IN 12
TAMMER WI GNATURE LE ME RELADORESS Y ST 7/P	PD STOKES, B. WYMAN 15951 MCGREGOR BLVD. FT. MYERS FL VST STOKES, PATRICIA L.	tion 607.0505, Florida Statu dero total applicatio ID DIRECTORS	(NOTE: Registered A) 13. 1.1 Tifl 1.2 NAMI 1.3 STRE 1.4 CITY	portation s boar	ard of directors. Thereby accept the ap	2-15-9 DATE FFICERS AND DIRECT	ORS IN 12
TAMMICA WI GNATURE LE ME TAMORESS Y ST 7/P LE WE WE ADDRESS	PD STOKES, B. WYMAN 15951 MCGREGOR BLVD. FT. MYERS FL STOKES, PATRICIA L. 15951 MCGREGOR BLVD.	tion 607.0505, Florida Statu dero total applicatio ID DIRECTORS	13. 1.1 Till 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TILL 2.2 NAM	portation s boar	ard of directors. Thereby accept the ap	2-15-9 DATE FFICERS AND DIRECT	ORS IN 12
TAMMICA WI GNATURE LE MI RELLADORESS Y ST ZIP LE RELLADORESS Y ST ZIP	PD STOKES, B. WYMAN 15951 MCGREGOR BLVD. FT. MYERS FL VST STOKES, PATRICIA L.	tion 607.0505, Florida Statu Lero tro-dapploatio ID DIRECTORS DELETE	13. 1.1 TiTL 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TiTL 2.2 NAM 2.3 STRE 2.4 CITY	poration's Example in the signature requires E E E T ADDRESS -S1-ZIP E E L ADDRESS -S1-ZIP	ard of directors. Thereby accept the ap	2-15-9 DATE FFICERS AND DIRECT Change	ORS IN 12 Addition
Tamiliae Wil GNATUER LE ME GELADDRESS Y ST 7P LE ME KELLADDRESS Y ST 7P	PD STOKES, B. WYMAN 15951 MCGREGOR BLVD. FT. MYERS FL STOKES, PATRICIA L. 15951 MCGREGOR BLVD.	tion 607.0505, Florida Statu dero total applicatio ID DIRECTORS	13. 1.1 Till 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 Till 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TILL 3.1 TILL 3.3 TIRE 4.1 TILL 3.4 CITY 3.1 TILL 3.5 TIRE 4.1 TILL 3.5 TIRE 4.1 TILL 5.7 TILL	ent signature require E E E ADDRESS - S1-ZIP E E I ADDRESS - ST-ZIP	ard of directors. Thereby accept the ap	2-15-9 DATE FFICERS AND DIRECT	ORS IN 12 Addition
Tamiliae wil GNATURE LE ME CHAUDRESS Y ST ZIP LE WE CHAUDRESS Y ST ZIP LE WE	PD STOKES, B. WYMAN 15951 MCGREGOR BLVD. FT. MYERS FL STOKES, PATRICIA L. 15951 MCGREGOR BLVD.	tion 607.0505, Florida Statu Lero tro-dapploatio ID DIRECTORS DELETE	13. 1.1 Till 1.2 NAM 1.3 STRE 1.4 CITY 2 1 Till 22 NAM 23 STRE 24 CITY 3 1 TILL 32 NAME	ent signature require E E E ADDRESS - S1-ZIP E E I ADDRESS - ST-ZIP	ard of directors. Thereby accept the ap	2-15-9 DATE FFICERS AND DIRECT Change	ORS IN 12 Addition
TAMMICS WI GNATURE LE ME CHAUGENS Y ST ZIP LE WE AUGUESS Y ST ZIP LE WE CHAUGESS Y ST ZIP LE WE CHAUGESS Y ST ZIP	PD STOKES, B. WYMAN 15951 MCGREGOR BLVD. FT. MYERS FL STOKES, PATRICIA L. 15951 MCGREGOR BLVD.	tion 607.0505, Florida Statu Lero tro-dapploatio ID DIRECTORS DELETE	13. 1.1 Till 1.2 NAM 1.3 STRE 1.4 CITY 2 1 Till 22 NAM 23 STRE 24 CITY 3 1 TILL 32 NAME	print signature required E E ET ADDRESS -ST-ZIP E EI ADDRESS -ST-ZIP E EI ADDRESS	ard of directors. Thereby accept the ap	2-15-9 DATE FFICERS AND DIRECT Change	ORS IN 12 Addition
TAMMING WI GNATURE LE LE ME RELADDRISS Y ST ZIP LE WE SELLADDRISS Y ST ZIP LE ME RELLADDRISS Y ST ZIP LE	PD STOKES, B. WYMAN 15951 MCGREGOR BLVD. FT. MYERS FL STOKES, PATRICIA L. 15951 MCGREGOR BLVD.	tion 607.0505, Florida Statu Lero tro-dapploatio ID DIRECTORS DELETE	13. 1.1 Title 1.2 NAM 1.3 STRE 1.4 CITY 2.1 Title 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE	pont signature required E E ET ADDRESS -ST-ZIP E EI ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	ard of directors. Thereby accept the ap	2-15-9 DATE FFICERS AND DIRECT Change	ORS IN 12 Addition Addition
TAMMING WI	PD STOKES, B. WYMAN 15951 MCGREGOR BLVD. FT. MYERS FL STOKES, PATRICIA L. 15951 MCGREGOR BLVD.	Tion 607.0505, Florida Statu Lero trie diagnostic ID DIRECTORS DELETE	13. 1.1 Title 1.2 NAMI 1.3 STRE 1.4 CITY 2 1 Title 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAME	pint signature require E E ET ADDRESS - ST-ZIP E EI ADDRESS - ST-ZIP E ET ADDRESS - ST-ZIP E ET ADDRESS - ST-ZIP	ard of directors. Thereby accept the ap	DAYE FFICERS AND DIRECT Change	ORS IN 12 Addition Addition
TAMBLE WI GNATURE LE LE ME RELADDRESS Y STIZE U ME RELADDRESS Y STIZE U ME RELADDRESS Y STIZE U	PD STOKES, B. WYMAN 15951 MCGREGOR BLVD. FT. MYERS FL STOKES, PATRICIA L. 15951 MCGREGOR BLVD.	Tion 607.0505, Florida Statu Lero trie diagnostic ID DIRECTORS DELETE	17. INOTE B. gistored Aç 13. 1. 1 TiTL 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITL 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 4.2 NAME 4.3 STRE 4.2 NAME 4.3 STRE	ent signature require E E ET ADDRESS - ST-ZIP E EI ADDRESS - ST-ZIP ET ADDRESS - ST-ZIP ET ADDRESS - ST-ZIP ET ADDRESS	ard of directors. Thereby accept the ap	DAYE FFICERS AND DIRECT Change	ORS IN 12 Addition Addition
TAMMING WI GNATURE LE LE ME ADDRESS Y ST ZIP LE ME ADDRESS Y ST ZIP LE ME ADDRESS Y ST ZIP LE ME ADDRESS Y ST ZIP	PD STOKES, B. WYMAN 15951 MCGREGOR BLVD. FT. MYERS FL STOKES, PATRICIA L. 15951 MCGREGOR BLVD.	Tion 607.0505, Florida Statu Lero trie diagnostic ID DIRECTORS DELETE	185. 1NOTE Bugstored Ag 13. 1.1 Title 1.2 NAM 1.3 STRE 14 CITY 2 1 Title 22 NAM 23 STRE 24 CITY 3 1 TITLE 42 NAM 4 1 TITLE 42 NAM 4.3 STRE 44 CITY 4 CITY	print signature required E E ET ADDRESS -ST-ZIP E ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	ard of directors. Thereby accept the ap	DATE DATE FFICERS AND DIRECT Change	ORS IN 12 Addition Addition
TAMMING WI GNATURE LE ME ME ADDRESS Y ST ZIP LE ME TADDRESS Y ST ZIP LE ME TADDRESS Y ST ZIP LE ME TADDRESS Y ST ZIP LE ME TADDRESS Y ST ZIP LE TADDRESS Y ST ZIP LE TADDRESS	PD STOKES, B. WYMAN 15951 MCGREGOR BLVD. FT. MYERS FL STOKES, PATRICIA L. 15951 MCGREGOR BLVD.	Caro tide diagnostic Electronic DELETE DELETE DELETE	17. INOTE B. gistored Aç 13. 1. 1 TiTL 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITL 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 4.2 NAME 4.3 STRE 4.2 NAME 4.3 STRE	ent signature require E E ET ADDRESS - ST-ZIP E EI ADDRESS - ST-ZIP ET ADDRESS - ST-ZIP ET ADDRESS - ST-ZIP ET ADDRESS - ST-ZIP ET ADDRESS - ST-ZIP	ard of directors. Thereby accept the ap	DAYE FFICERS AND DIRECT Change	ORS IN 12 Addition Addition
TOURING WI GNATURE LE ME	PD STOKES, B. WYMAN 15951 MCGREGOR BLVD. FT. MYERS FL STOKES, PATRICIA L. 15951 MCGREGOR BLVD.	Caro tide diagnostic Electronic DELETE DELETE DELETE	17. INOTE B. gistored Ac 13. 1. 1 TiTL 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5. 1 TITLE 5.2 NAME	ent signature require E E ET ADDRESS - ST-ZIP E EI ADDRESS - ST-ZIP ET ADDRESS - ST-ZIP ET ADDRESS - ST-ZIP ET ADDRESS - ST-ZIP ET ADDRESS - ST-ZIP	ard of directors. Thereby accept the ap	DATE DATE FFICERS AND DIRECT Change	ORS IN 12 Addition Addition
TAMMING WI GNATURE LE ME ME ME HADDRESS Y ST ZIP LE ME HADDRESS (*ST ZIP LE ME HADDRESS (*ST ZIP LE ME HADDRESS (*ST ZIP LE	PD STOKES, B. WYMAN 15951 MCGREGOR BLVD. FT. MYERS FL STOKES, PATRICIA L. 15951 MCGREGOR BLVD.	Cero tice diagnostic ID DIRECTORS DELETE DELETE DELETE	17. INOTE B. gistored Ac 13. 1. 1 TiTL 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5. 1 TITLE 5.2 NAME	E E ET ADDRESS ST-ZIP E ET ADDRESS ST-ZIP	ard of directors. Thereby accept the ap	DATE DATE FFICERS AND DIRECT Change	ORS IN 12 Addition Addition
TOURING WI	PD STOKES, B. WYMAN 15951 MCGREGOR BLVD. FT. MYERS FL STOKES, PATRICIA L. 15951 MCGREGOR BLVD.	Caro tide diagnostic Electronic DELETE DELETE DELETE	185. 100 TE R. gistored Ac 13. 1.1 Title 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 4.2 NAM 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STREE 5.3 STREE 5.3 STREE 5.3 STREE 5.3 STREE 5.3 STREE 5.4 CITY 5.1 TITLE 5.2 NAM 5.3 STREE	E E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP	ard of directors. Thereby accept the ap	DATE DATE FFICERS AND DIRECT Change	ORS IN 12 Addition Addition
TOURING WI	PD STOKES, B. WYMAN 15951 MCGREGOR BLVD. FT. MYERS FL STOKES, PATRICIA L. 15951 MCGREGOR BLVD.	Cero tice diagnostic ID DIRECTORS DELETE DELETE DELETE	185. 100 TE Registered Ac 18	E E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP	ard of directors. Thereby accept the ap	DATE DATE FFICERS AND DIRECT Change Change	ORS IN 12 Addition Addition Addition
TAMMING WI	PD STOKES, B. WYMAN 15951 MCGREGOR BLVD. FT. MYERS FL STOKES, PATRICIA L. 15951 MCGREGOR BLVD.	Cero tice diagnostic ID DIRECTORS DELETE DELETE DELETE	185. 100 TE Registered Ac 18	E E ET ADDRESS -ST-ZIP E E ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	ard of directors. Thereby accept the ap	DATE DATE FFICERS AND DIRECT Change Change	ORS IN 12 Addition Addition Addition

NTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-96 941-489.9993