

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000037319 (9)

1. Corporation Name

STOKES SERVICES, INC.

Principal Place of Business

**1705 TERRY RD
LAKELAND FL 33801**

Mailing Address

**P.O. BOX 304
EATON PARK FL 33840**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/25/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3182705

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

21

Suite Apt #, etc

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City & State

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2a. Mailing Address

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Suite Apt #, etc

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City & State

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9. Name and Address of Current Registered Agent

**GOIN, RICHARD M
3617 SMITH RYALS RD.
PLANT CITY FL 33567**

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 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 of person named as registered agent and new agent (if applicable)

Signature of Registered Agent (signature required when registering)

(J&S)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	STOKES, PATRICIA D
STREET ADDRESS	1705 TERRY RD.
CITY, ST, ZIP	LAKELAND FL 33801
TITLE	D
NAME	GIANNOTTI, ROBERT L
STREET ADDRESS	10 CANNONBALL RD.
CITY, ST, ZIP	NORTH HAVEN CT 06473
TITLE	D
NAME	GOIN, RICHARD M
STREET ADDRESS	3617 SMITH RYALS RD.
CITY, ST, ZIP	PLANT CITY FL 33567
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	VP	☐ Change ☒ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY, ST, ZIP		
21 TITLE	S	☐ Change ☒ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE	VP	☐ Change ☒ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE	PRESIDENT	☐ Change ☒ Addition
42 NAME	EDWIN B STOKES JR	
43 STREET ADDRESS	1705 TERRY ROAD	
44 CITY, ST, ZIP	LAKELAND, FL 33801	
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		☐ Change ☐ Addition
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 deemed qualify for the exemption stated in Section 199.032(3)(b), Florida Statutes. I further certify that the information included 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 in an attachment with an address.

SIGNATURE:

Patricia Diane Stokes
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PATRICIA DIANE STOKES

4-29-95

813/665-9447