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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthani

Secretary of State

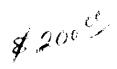
DIVISION OF CORPORATIONS

1996

P94000061660 (4) **DOCUMENT #**

STOKES ELECTRICAL CONTRACTORS, INC.

Mailing Address





Phricipal Place		Mailing Address						
8025 COMME SEBRING FL US		8025 COMMERCIAL B SEBRING FL 33870 US	LVD					
00		00			Date Incorporated or Qualified 08/22/1994	3a. Date of 05/0	Last Ro)1/19 (
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number	_L		Applied For
1		26			59-3264954		<u> </u>	Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired	S8.75 Additional Fee Required		
City & State		Oity & State			Election Campaign Financing Trust Fund Contribution		Adde	May Be d to Fees
Zip 24	p Country Zp 25 29			,	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes			
	g. Name and Address of Currer	nt Registered Agent			10. Name and Address of New R	egistered Ag	ent	
			81	Name				
STOKES, STEVEN C. 8025 COMMERCIAL BLVD			82	82 Street Address (P.O. Box Number is Nut Acceptable)				
SEBRING	G FL 33870		83					
			84	City	A MATTER CO.	FI	85 Zi	p Code
	40 11 007050	007 (500 F) Side Challe	les the shore		oration submits this statement for the pu		nino de l	registered offic
SIGNATURE 12.	Signature, spiled or profited size in of registered ages OFFICERS AN	ráchtus rapidrata (N D DIRECTORS	OTE Registered Age	int signature respons	ADDITIONS/CHANGES TO OFF			
TITLE	PD	☐ DētETE	1.1300				Change	Addition
NAME	STOKES, STEVEN C.		1.2 NAME					
STREET ADDRESS	909 COWHOUSE RD		1.3 ST9E8	r address				
CITY - ST - ZIP	LORIDA FL		1.4 C:TY	ST - ZIP				
TITLE	STD CHIPTEY A	☐ DELETE	2 1 11'L*			Ц	Change	Addit:on
NAME	STOKES, SHIRLEY A. 7625 W. JOSEPHINE RD.		2.2 NAM					
STREET ADDRESS	SEBRING FL			1 ADDRESS				
CITY - ST - ZIP	SEDMING FL	□ DELETE	2 4 CITY - 3 1 TITLE				Change	Addition
TITLE NAME			3 2 NAM				a-	
STREET ADDRESS			1	EL ADORESS				
CITY-SI-ZIF			3.4 CITY -					
TITLE		☐ DELFIE	4 1 TiTLE				Change	☐ Addition
NAME			4.2 NAM:					
STREET ADDRESS			4.3 STREE	IT AUDRESS				
CITY - ST - ZIP			4.4 CHY-	ST-ZIP		w		
TITLE		☐ DELETE	5 1 TIFLE				Change	Addition
NAME			5.2 NAMI					
STREET ADDRESS			5.3 STREE	ET ADDRESS				
CITY - ST - ZIP			5.4 CITY	ST-ZIF				
TITLE		DELETE	6 1 T-TLE				Change	Addition
NAME			6.2 NAM					
STREET ADDRESS			63 STHE	er address				
CITY - ST - ZIP			6.4 CITY	ST ZIP				

14. Ido 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 region 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:

SIGNATURE:

SIGNATURE:

SIGNATURE Place #