

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000007196 (5)**

1. Corporation Name  
**STOKES-NORTHLAKE, INC.**



Principal Place of Business: **9551 BAYMEADOWS RD SUITE 4 JACKSONVILLE FL 32256**  
Mailing Address: **9551 BAYMEADOWS RD SUITE 4 JACKSONVILLE FL 32256**

3. Date Incorporated or Qualified: **01/24/1995**      3a. Date of Last Report

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-sections for Suite, Apt. #, City & State, Zip, and Country.

4. FEI Number: **59-3294043**      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

9. Name and Address of Current Registered Agent  
**BERGMANN, THOMAS C  
9551 BAYMEADOWS RD  
SUITE 4  
JACKSONVILLE FL 32256**

10. Name and Address of New Registered Agent (81-85)  
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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature of the person or persons appointed as the registered agent. (Date) Registered Agent or Agent-in-Charge of the corporation.

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BERGMANN, THOMAS C</b>
STREET ADDRESS	<b>9551 BAYMEADOWS RD SUITE 4</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32256</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>STOKES, E. CHESTER JR</b>
STREET ADDRESS	<b>9551 BAYMEADOWS RD SUITE 4</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32256</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	<b>DV</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<b>DP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	<b>BRAREN, MICHAEL E.</b>
33 STREET ADDRESS	<b>9551 BAYMEADOWS ROAD, SUITE 4</b>
34 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32256</b>
41 TITLE	<b>VT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<b>FREDENHAGEN, SHARON W.</b>
43 STREET ADDRESS	<b>9551 BAYMEADOWS ROAD, SUITE 4</b>
44 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32256</b>
51 TITLE	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	<b>HICE, SHERRY</b>
53 STREET ADDRESS	<b>9551 BAYMEADOWS ROAD, SUITE 4</b>
54 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32256</b>
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sherry Hice*      4/9/96      904/739-2249  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Office Phone #  
**SHERRY HICE**

CRE034 (12/95)