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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

P95000081809 (2)

STOKES-GAINESVILLE, INC.

Principal Place of Business

Mailing Address

4540 SOUTHSIDE BLVD., STE. 902-A

4540 SOUTHSIDE BLVD., STE. 902-A

FILED Feb 27 1996 8:00 am Secretary of State



JACKSON	WILLE PL 32216	JACKSONVILLE F	L 32216						
						3. Date Incorporated or Qualified 10/25/1995	3a. Date	of Las	t Report
	ace of Business	2a. Mailing Address	<u> </u>			4. FEI Number			Applied For
	BAYMEADOWS RD		The same of the sa			59-3356149			Not Applicable
Suite, Apt. 22 SUITE	4	Suite, Apt #, etc. 27 SUITE 4			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	City & State				6. Election Campaign Financing		\$5	.00 May Be	
	ONVILLE, FL	28 JACKSONVI	TORBOTT THEFT IL			Trust Fund Contribution			ded to Fees
Zφ l 32254	Country	Zφ		Country		8. This corporation has liability for in	ntangible ta	x under	s 199.032,
24 32256	[]	29 32256	30	DUV	AL	Florida Statutes 🔀 Yes	_	,	
	9. Name and Address of Curre	nt Hegistered Agent		61	News	10. Name and Address of New Ro	gistered .	Agent	
LICIDO	T CHDISTODUED I			"	Name				
Hurst, Christopher J 4540 Southside Blvd., Ste. 902-A				82	82 Street Address (P.O. Box Number is Not Acceptable)				
4040	SONVILLE FL 32216	•							
JACK	SUMMILLE PL 322 IB			83					
				84	City			85	Zip Code
44 7					·	ation submits this statement for the purp	FL	- F - L	•
SIGNATURE _	Signature: type it or printed it above of registered ager	it and stie it аррисафіе — (NOTE: Regist	tered Agen	t signature required	d when reinstating)	DATE		
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	CERS AND	DIREC	TORS IN 12
TILE	D	$oldsymbol{K}$) delete	1	1 TITLE	P	/p		Chang	
NAME	HURST, CHRISTOPHER J					TOKES, E. CHESTER, J	R.		
STREET ADDRESS	4540 SOUTHSIDE BLVD.,	STE. 902-A	1.	.3 STREET	ADDRESS 9!	551 BAYMEADOWS RD, #	4		
CHY-S1-ZIP	JACKSONVILLE FL 32216		1.	A CITY - S	1-2(P J /	ACKSONVILLE, FL 322	56		
T-fit F		DELETE	2	1 TALE	V/	/D		Chang	e 🗶 Addition
NAM-			2	2 NAME	BI	ERGMANN, THOMAS C.			
STREET ADDRESS			2	3 STREET.	ADDRESS 9.	551 BAYMEADOWS RD, #4	4		
COLY-ST ZOP			2	4 CHTY-ST	i-ZIP J/	ACKSONVILLE, FL 322!	66		
TIFLE		☐ DEFELE		1 THILE	S] Chang	e 🔣 Addition
NAME				2 NAME		ICE, SHERRY			
STEEL LADDRESS				3 STREET		551 BAYMEADOWS RD, #4			
CORY - ST - ZIP Tiple		DELETE		4 CITY - ST	-ZIF JA	ACKSONVILLE, FL 3225	6		······
NAME		[] DELCH	1	1 THILE	T		_] Chang	e K Addition
STHEET ADDRESS				2 NAME	FR	REDENHAGEN, SHARON W.			
CiTY-SI-7:P				3 STREET		551 BAYMEADOWS RD, #4			
Till F		T DELETE		4 CITY - 51 1 TITL€	-tip JA	ACKSONVILLE, FL 3225		1 Change	14400-
NAME		_ sector		2 NAME			L	1 colang	e Addition
STREET ADORESS				2 MANNE 3 STREET /	ADORESS				
CHY-SI-ZIF				a City - St					
NIT. F		DELETE		1 THLE			-	Change	Addition
NAME				2 NAME) coming	- Madition
STREET ADDRESS				3 STREET /	ADDRESS				
City St Zie				4 CITY-SI					

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 outli; 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:

Hice NAME OF SIGNING OFFICER OR DIRECTOR

2/22/96

904/739-2249