## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90062 019 \*\*\*150.00

DOCUMENT #	P97000074727
	1 0/000/7/2/

STREET ADDRESS

CITY-ST-ZIP

<ol> <li>Corporation</li> </ol>	Name , J.	<b>-</b>		1		
STOKES	CONSTRUCTION, INC.					
•						
Principal Place	e of Business	Mailing Address		C INDICEDOL STO TOTAL OBJECT BRICE BRICE OBJECT	( HOREL BLOKE HRIER H	HON IEEN LOOK
6330 46TH ST		14300 66TH ST N				
#106 #600 PINELLAS PARK FL 33781 GLEARWATER FL 33764			DO NOT WRITE IN THIS SPACE			
US PARK	C FC 33781	GLEARWATER FL 33764 US		3. Date incorporated or Qualifed		
00		00		08/27/1997		ĺ
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Apr	olied For
21	المرابق المستوارين المرا	26	محسور والمساسد	59-3466758	Not	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
22		27		J. Commond of College Education	Fee Red	quired
City & State	9	City & State		6. Election Campaign Financing	\$5.00	
23		28		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the current year in		_ No
24	[25]	<del></del>	30	Personal Property Tax.  10. Name and Address of New Registered		□No ·
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered	1 VAGUIL	
STO	KES, EDWIN E JR					
	SYLVAN DRIVE		82 Street Ad	dress (P.O. Box Number is Not Acceptable)		i
	ARWATER FL 34615		83			
	••		84 City	Fi		1
11, Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the above-named co	poration submits this statement for the purpose c tion's board of directors. I hereby accept the appo	of changing its	registered
office or re agent. I ai	egistered agent, or both, in the State o m familiar with, and accept the obligati	ns of, Section 607.0505, Florid	da Statutes.	non's board of directors. I hereby accept the appo	munent as rog	,istored
SIGNATURE		•				
	Signature, typed or printed name of registered agent		Registered Agent signature requi		NO DIDECTO	DO IN 40
12.	OFFICERS AND	DELETE	13. 1,1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE	P CTOKEC EDWIN E		1.2 NAME	•		
NAME	STOKES, EDWIN E 14300 66TH ST N #600		1.3 STREET ADDRESS			}
STREET ADDRESS						
CITY-ST-ZIP TITLE	CLEARWATER FL 33764	□ DELETE	1.4 CITY-ST-ZIP		Change	Addition
NAME			2.2 NAME			_
STREET ADDRESS	-	•	2.3 STREET ADDRESS		~	
CITY-ST-ZIP			2.4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		☐ Change	Addition
NAME			3.2 NAME			}
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. Crty-St-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			ĺ
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		□ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			l
STREET ADDRESS			5.3 STREET ADDRESS			ł
CITY-ST-ZIP			5.4 CITY+ST-ZIP		<del></del> _	
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			ł
STREET ADDRESS			6.3 STREET ADDRESS			)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 chapted, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

(727) 525-1934