2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Apr 24, 2000 8:00 am Secretary of State DOCUMENT # P99000104672 1. Entity Name STOKES MANAGEMENT, INC. 04-24-2000 90200 043 ***150.00 Mailing Address Principal Place of Business 9551 BAYMEADOWS RD., SUITE 5 SUITE 5 JACKSONVILLE FL 32256 IACKSONVILLE EL 32256 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. SUITE 4 SUITE 4 Applied For 4. FEI Number City & State City & State Not Applicable 59-3614264 \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent STOKES, E CHESTER, JR. SMITH HULSEY & BUSEY Street Address (P.O. Box Number is Not Acceptable) 9551 BAYMEADOWS RD. SUITE 4 225 WATER STREET, SUITE 1800 JACKSONVILLE FL 32202 **JACKSONVILLE** purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above nat nits this statement for th 3/31/00 SIGNATURE (NOTE: Registered Agent signature required when reinstating) title if applicable. ered agent an FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change XX Addition DP ☐ Delete TITLE TITLE STOKES, E CHESTER, JR NAME NAME 9551 BAYMEADOWS RD, SUITE 4 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP <u>JACKSONVILLE FL 32256</u> CITY-ST-ZIP XX Addition ☐ Change ☐ Delete TITLE BERGMANN, THOMAS C NAME NAME STREET ADDRESS 9551 BAYMEADOWS RD, SUITE 4 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 retailiver on trigitee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an additions, with all other like empowered. President

SIGNATURE:

SIGNATURE AND TYPES OF PRINTED NAME. UNC. TOKES. J SIGNING OFFICER OR DIRECTOR 3/31/00

904/739-2249