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Apr 02, 1999 8:00 am  
Secretary of State

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S86770

1. Corporation Name

STOCKTON REALTY GROUP, INC.

Principal Place of Business  
208 PONTE VEDRA PARK DR  
STE 102  
PONTE VEDRA BEACH FL 32082  
US

Mailing Address  
P.O. BOX 1069  
PONTE VEDRA BEACH FL 32004

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/10/1991

4. FEI Number

59-3089001

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 owes the current year Intangible  
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WATSON, KEITH  
208 PONTE VEDRA PARK DRIVE STE 101  
STE 102  
PONTE VEDRA BEACH FL 32082

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 607.0502 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP  
NAME STOCKTON, VICTORIA M  
STREET ADDRESS 1300 PONTE VEDRA BLVD  
CITY-ST-ZIP PONT E VEDRA BEACH FL 32082

DELETE

TITLE T  
NAME HUTCHESON, NORMA JEAN  
STREET ADDRESS 10960 BEACH BLVD #395  
CITY-ST-ZIP JACKSONVILLE FL 32246

DELETE

TITLE S  
NAME CAVIN, JILL  
STREET ADDRESS 2412 EGRETS GLADE DRIVE  
CITY-ST-ZIP JACKSONVILLE FL

DELETE

TITLE CPD  
NAME STOCKTON, JAMES R J  
STREET ADDRESS 1300 PONTE VEDRA BLVD  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

DELETE

TITLE VP  
NAME STOCKTON, JULIA P R  
STREET ADDRESS 89 SOUTH ROSCOE BLVD  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/99 2854884

Date

Daytime Phone

CR2E034 (11/98)