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Feb 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V30424

(8)

1. Corporation Name
STOKES-REGAN PROPERTIES, INC.

Principal Place of Business
264 N RIDGE DR.
ORANGE PARK FL 32073

Mailing Address
264 N RIDGE DR.
ORANGE PARK FL 32073-0145

3. Date Incorporated or Qualified
04/20/1992

3a. Date of Last Report
02/08/1996

2. Principal Place of Business
21 1879 SALT MYRTLE LANE
Suite, Apt. #, etc.

2a. Mailing Address
26 1879 SALT MYRTLE LANE
Suite, Apt. #, etc.

22 City & State
23 ORANGE PARK, FL
Zip
24 32073

27 City & State
28 ORANGE PARK, FL
Zip
29 32073

25 Country
USA

30 Country
USA

4. FEI Number
59-3123091
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

10. Name and Address of New Registered Agent

STOKES, MICHAEL B.
264 N RIDGE DR.
ORANGE PARK FL 32073

81 Name
MICHAEL B. STOKES
82 Street Address (P.O. Box Number is Not Acceptable)
50 NORTH LAUNA STREET
83 SUITE 3300
84 City
ORANGE PARK FL 85 Zip Code
32072

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: *Michael B. Stokes* MICHAEL B. STOKES 1/13/97
Signature of principal or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PTSD	STOKES, MICHAEL B.	264 N RIDGE DR.	ORANGE PARK FL	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 do 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.

SIGNATURE: *Michael B. Stokes* MICHAEL B. STOKES 1/13/97 904-798-2419
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)