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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # V30424

(8)

STOKES-REGAN PROPERTIES, INC.

FILED Feb 09 1998 8:00am Secretary of State

Principal Place of Business Mailing Address	<u> 181 81811 81811 81911 81811 81811 81811 1881</u>
3. Date Incorporated or Qualified	E IN THIS SPACE
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	
hanna di	Applied For
21	Not Applicable \$8.75 Additional
5. Certificate of Status Desired	Fee Required
City & State City & State 6. Election Campaign Financing	\$5.00 May Be
28 Trust Fund Contribution Zip Country Zip Country 8. This corporation pwes or has n	Added to Fees
Zip Country Zip Country 8. This corporation owes or has p 24 25 29 30 Personal Property Tax due Jun	- · - · I
9. Name and Address of Current Registered Agent 10. Name and Address of New R	
STOKES, MICHAEL B. 81 Name MTCHAEL B. S	Tolces
50 N. LAURA ST STE. 3300 82 Street Address (P.O. Box Number is Not Accepte	
JACKSONVILLE FL 32202 1679 SACT MYM	
83	
84 City	85 Zip Code _
ORANGE PARIL	FL 32073
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accessed. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	purpose of changing its registered application appointment as registered
SIGNATURE MICHAUL B. STOILER Signature, typod or profiled names of registered agent and tife of egipterable (NOT). Registered Agent signature required when reinstalling)	1/24/98
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFI	ICERS AND DIRECTORS IN 12
TOTLE PTSD DELETE 1.1 TITLE	Change Addition
NAME STOKES, MICHAEL B. 1.2 NAME	
STREET ADDRESS 284 N RIDGE DR. CITY-ST-ZIP ORANGE PARK FL 1.3 STREET ADDRESS 1877 SACT MYR 1.4 CITY-ST-ZIP ONANGE PARK FL	JUE LANC
CITY-ST-ZIP ORANGE PARK FL 1.4 CITY-ST-ZIP ORANGE PARK P	L 32073
TITLE DELETE 2.1 TITLE	Change Addition
NAME 2.2 NAME	1
STREET ADDRESS 2.3 STREET ADDRESS	L.
CITY-ST-ZIP 2 4 CITY-SI-ZIP	
TITLE SELETE 3.1 TITLE	Change Addition
NAME 3.2 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	1
CITY-S1-ZIP 3.4 CITY-S1-ZIP	
TITLE DELETE 4.1 TITLE	Change Addition
NAME 4.2 NAME	
STREET ADDRESS 4 3 STREET ADDRESS	
	Change
	☐ Change ☐ Addition
NAME 52 NAME	
	!
STREET ADDRESS 5.3 STREET ADDRES	
CITY-ST-ZIP 5.4 CITY-ST-ZIP	Change T Addition
CITY+ST-ZIP	Change Addition
CITY-\$T-ZIP 5.4 CITY-\$T-ZIP Tifle DELETE 6.1 TITLE NAME 6.2 NAME	Change Addition
CITY+ST-ZIP	Change Addition

al report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in