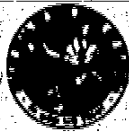


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 24 AM 10: 16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V54340 (7)

1. Corporation Name

STOKES/FLORA-SOL, INC.

Principal Place of Business

141 FIFTH ST., NW, SUITE 214  
WINTER HAVEN FL 33881

Mailing Address

141 FIFTH ST., NW, SUITE 214  
WINTER HAVEN FL 33881

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/31/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3139505

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

CARTER, DAVID C  
141 FIFTH ST., NW, SUITE 214  
WINTER HAVEN FL 33881

10. Name and Address of New Registered Agent

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME                | STREET ADDRESS       | CITY - ST - ZIP  |
|-------|---------------------|----------------------|------------------|
| D     | ALBRITTON, NICHOLAS | ALBRITTON RD         | ALTURAS FL       |
| D     | STOKES, RONALD      | 436 OLEANDER DR      | LAKE WALES FL    |
| D     | STOKES, DAVID       | 130 S 7TH ST         | LAKE HAMILTON FL |
| D     | ALBRITTON, DALE     | ALBRITTON RD         | ALTURAS FL       |
| D     | STOKES, GLEN        | 13000 HATCHINEHA RD  | HAINES CITY FL   |
| D     | COCKER, MARSHALL    | 1800 HIGHWAY 441, SE | OKEECHOBEE FL    |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1. 1 TITLE          | Change                              | Addition                 |
|---------------------|-------------------------------------|--------------------------|
| 1.2 NAME            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 1.3 STREET ADDRESS  | <input type="checkbox"/>            | <input type="checkbox"/> |
| 1.4 CITY - ST - ZIP | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2.1 TITLE           | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2.2 NAME            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2.3 STREET ADDRESS  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2.4 CITY - ST - ZIP | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3.1 TITLE           | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3.2 NAME            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3.3 STREET ADDRESS  | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3.4 CITY - ST - ZIP | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4.1 TITLE           | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4.2 NAME            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4.3 STREET ADDRESS  | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4.4 CITY - ST - ZIP | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5.1 TITLE           | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5.2 NAME            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5.3 STREET ADDRESS  | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5.4 CITY - ST - ZIP | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6.1 TITLE           | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6.2 NAME            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6.3 STREET ADDRESS  | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6.4 CITY - ST - ZIP | <input type="checkbox"/>            | <input type="checkbox"/> |

DELETE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

*David C. Carter*

DAVID C. CARTER

4/18/95

(813) 244-5768

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Telephone (Area #)