

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

FILED

Apr 25 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 # **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 33881-4644
--	---

3. Date Incorporated or Qualified 07/31/1992	3a. Date of Last Report 04/25/1996
--	--

2. Principal Place of Business 21 137 Fifth Street, N.W. Suite, Apt. #, etc.	2a. Mailing Address 26 137 Fifth Street, N.W. Suite, Apt. #, etc.	4. FEI Number 59-3139505	Applied For Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State Winter Haven, FL	28 City & State Winter Haven, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip 33881	29 Zip 33881	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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)	137 Fifth Street, N.W.
83	
84 City	Winter Haven
85 State	FL
86 Zip Code	33881

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: *David C Carter* **PRESIDENT** DATE: **4/21/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALBRITTON, NICHOLAS		1.2 NAME		
STREET ADDRESS	ALBRITTON RD		1.3 STREET ADDRESS		
CITY - ST - ZIP	ALTURAS FL		1.4 CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STOKES, DAVID		2.2 NAME		
STREET ADDRESS	130 S 7TH ST		2.3 STREET ADDRESS		
CITY - ST - ZIP	LAKE HAMILTON FL		2.4 CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALBRITTON, DALE		3.2 NAME		
STREET ADDRESS	ALBRITTON RD		3.3 STREET ADDRESS		
CITY - ST - ZIP	ALTURAS FL		3.4 CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STOKES, GLEN		4.2 NAME		
STREET ADDRESS	13000 HATCHINEHA RD		4.3 STREET ADDRESS		
CITY - ST - ZIP	HAINES CITY FL		4.4 CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COKER, MARSHALL		5.2 NAME		
STREET ADDRESS	1800 HIGHWAY 441, SE		5.3 STREET ADDRESS		
CITY - ST - ZIP	OKEECHOBEE FL		5.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY - ST - ZIP		

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: *David C Carter* **PRESIDENT** DATE: **4/21/97** PHONE: **941-294-6965**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)