

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L23601

**Entity Name:** SAALFIELD, SHAD, STOKES, INCLAN, STOUDEMIRE & STONE,  
P.A.**FILED**  
**Apr 15, 2014**  
**Secretary of State**  
**CC3240582692****Current Principal Place of Business:**245 RIVERSIDE AVENUE  
SUITE 400  
JACKSONVILLE, FL 32202**Current Mailing Address:**245 RIVERSIDE AVENUE  
SUITE 400  
JACKSONVILLE, FL 32202**FEI Number: 59-2972592****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**STOKES, JOSEPH B  
245 RIVERSIDE AVENUE  
SUITE 400  
JACKSONVILLE, FL 32202 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

|                 |                        |
|-----------------|------------------------|
| Title           | DIRECTOR, PRESIDENT    |
| Name            | SAALFIELD, JOHN R      |
| Address         | 8251 GARDEN VIEW COURT |
| City-State-Zip: | JACKSONVILLE FL 32256  |

|                 |                         |
|-----------------|-------------------------|
| Title           | DIRECTOR                |
| Name            | SHAD, CHARLES T         |
| Address         | 1251 E COAST DR         |
| City-State-Zip: | ATLANTIC BEACH FL 32233 |

|                 |                          |
|-----------------|--------------------------|
| Title           | DIRECTOR                 |
| Name            | STONE, WILLIAM T         |
| Address         | 3526 BEAUCLERC ROAD WEST |
| City-State-Zip: | JACKSONVILLE FL 32257    |

|                 |                       |
|-----------------|-----------------------|
| Title           | DIRECTOR, VP          |
| Name            | STOKES, JOSEPH BIII   |
| Address         | 4651 ARAPAHOE AVE     |
| City-State-Zip: | JACKSONVILLE FL 32210 |

|                 |                       |
|-----------------|-----------------------|
| Title           | DIRECTOR, SECRETARY   |
| Name            | INCLAN, CLEMENTE J    |
| Address         | 2839 WOODVALLEY COURT |
| City-State-Zip: | JACKSONVILLE FL 32217 |

|                 |                       |
|-----------------|-----------------------|
| Title           | DIRECTOR, TREASURER   |
| Name            | STOUDEMIRE, RICHARD M |
| Address         | 801 RIO LINDO DR.     |
| City-State-Zip: | JACKSONVILLE FL 32207 |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE: JOSEPH B. STOKES****VICE-PRESIDENT****04/15/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date