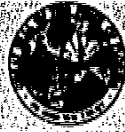


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**DOCUMENT # 312949 (1)**

**95 APR -7 AM 11:06**

1. Corporation Name  
**ELSBERRY, INC.**

Principal Place of Business Mailing Address  
**101 BIG BEND RD RUSKIN FL 33572-1407**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/19/1967** 3a. Date of Last Report **03/07/1994**

4. FEI Number **59-1155164** 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 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**ELSBERRY, DONALD L  
101 BIG BEND ROAD  
RUSKIN FL 33572**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>PD</b>
NAME	<b>ELSBERRY, DONALD L</b>
STREET ADDRESS	<b>5020 TAMiami TR N.</b>
CITY - ST - ZIP	<b>RUSKIN, FL 00000</b>
TITLE	<b>VD</b>
NAME	<b>ELSBERRY, BRUCE</b>
STREET ADDRESS	<b>2816 24TH STREET SE</b>
CITY - ST - ZIP	<b>RUSKIN, FL 00000</b>
TITLE	<b>VD</b>
NAME	<b>ELSBERRY, GLENN</b>
STREET ADDRESS	<b>121 24TH AVE SW</b>
CITY - ST - ZIP	<b>RUSKIN FL</b>
TITLE	<b>STD</b>
NAME	<b>ELSBERRY, THOMAS L.</b>
STREET ADDRESS	<b>6303 BALBOA LN.</b>
CITY - ST - ZIP	<b>APOLLO BCH. FL</b>
TITLE	<b>ASTD</b>
NAME	<b>WILLIFORD, LYNDA KAY</b>
STREET ADDRESS	<b>2020 SAFFOLD PARK DRIVE</b>
CITY - ST - ZIP	<b>RUSKIN FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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

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 contained on this annual report or supplied until 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with no deletion.

SIGNATURE: *Donald L. Elsberry* **Donald L. Elsberry** **3/31/95 (813) 677-6221**