

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **312949** (1)

1. Corporation Name
ELSBERRY, INC.

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



21	2. Principal Place of Business: State, Apt. #, etc.	26	2a. Mailing Address: State, Apt. #, etc.
22	22. City & State	27	27. City & State
23	23. Zip	28	28. Zip
24	24. Country	29	29. Country
25	25. Country	30	30. Country

3. Date Incorporated or Qualified: 01/19/1967	3a. Date of Last Report: 04/07/1995
4. FID Number: 59-1155164	Applied For Not Applicable
5. Certificate of Status Declared: <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation is not eligible for intangible tax under s. 193.03? Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

9. Name and Address of Current 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	City
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.01(2) and 607.15, Florida Statutes, the above named corporation submits the statement for the purpose of creating rights registered officer or registered agent, or both, in the State of Florida. Such change is authorized by the corporation's board of directors. The registrant hereby appoints the registered agent, further who, and accept the obligation of Sections 607.01(2) and 607.15.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 1996	
TITLE	PD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELSBERRY, DONALD L	NAME	
STREET ADDRESS	5020 TAMiami TR N.	STREET ADDRESS	
CITY-STATE-ZIP	RUSKIN, FL 00000	CITY-STATE-ZIP	
TITLE	VD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELSBERRY, BRUCE	NAME	
STREET ADDRESS	2816 24TH STREET SE	STREET ADDRESS	
CITY-STATE-ZIP	RUSKIN, FL 00000	CITY-STATE-ZIP	
TITLE	VD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELSBERRY, GLENN	NAME	
STREET ADDRESS	121 24TH AVE SW	STREET ADDRESS	
CITY-STATE-ZIP	RUSKIN FL	CITY-STATE-ZIP	
TITLE	STD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELSBERRY, THOMAS L.	NAME	
STREET ADDRESS	6303 BALBOA LN.	STREET ADDRESS	
CITY-STATE-ZIP	APOLLO BCH. FL	CITY-STATE-ZIP	
TITLE	ASTD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIFORD, LYNDA KAY	NAME	
STREET ADDRESS	2020 SAFFOLD PARK DRIVE	STREET ADDRESS	
CITY-STATE-ZIP	RUSKIN FL	CITY-STATE-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is true, correct, and complete for the information provided. Section 1193.03(3)(k), Florida Statutes. I further certify that the information contained on this annual report or subsequent annual report is true and correct 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 on the filing date and that my name shall appear on the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if it changed or was added during the filing period.

SIGNATURE: *Donald L. Elsberry*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/96 (813) 677-6221

CR2E034 (12/95)