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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # L41028

(6)

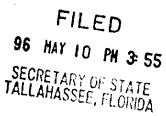
CANTERBURY OAKS, INC.

Principal Place of Business 2025 ROGERS ST CLEARWATER FL 34624

SIGNATURE;

Mailing Address

2025 ROGERS ST CLEARWATER FL 34624





CLEARWATER	i rl 34024	CLEAHWATER FL 34	624					
					Date Incorporated or Qualified     01/09/1990	3a. Date of Last F 04/11/19		
2. Principal Place	ce of Business	2a. Mailing Address 26	. Mailing Address		4. FEI Number 59-2985592		Applied For Not Applicable	
Suite, Apt #, etc.		Suite, Apt #, etc.	)		5. Certificate of Status Desired	\$8.79	\$8.75 Additional Fee Required	
City & State		City & State	City & State		Election Campaign Financing     Trust Fund Contribution	רה \$5.0	\$5.00 May Be Added to Fees	
Zip 24	Country	Zφ	Country	,	8. This corporation has liability for intangible tax under s 199.			
4]	9. Name and Address of Curr	29 Agent	[30]		1			
	g, realite and Address of Con-	ent negistered Agent	81	Name	10. Name and Address of New F	legistered Agent		
COLE, N				82 Street Address (P.O. Box Number is Not Acceptable)				
	GERS STREET			Ll		<u> </u>		
CLEARM	ATER FL 34624		83		-05/14/9501119003 ****25. <b>QD ****</b> 22500			
			84	City	*****	். பு. 🥳 🤻	¢¢ooe⊓U	
familiar with	d agent, or both, in the State of Fig., and accept the obligations of, Sci	orida, Such change was authori of on 607.0505, Florida Statute	ized by the corp	ocation's boar	ation submits this statement for the pur id of directors. Thereby accept the app	cintment as registered	d agent. I am	
. <u> </u>	OFFICERS A	ND DIRECTORS	13.	1.8 d), sprice year total	ADDITIONS/CHANGES TO OFF		DRS IN 12	
ITLE	D	DELETE	1 1 TITLE			Change		
IAME	COLE, MARTIN		1.2 NAME					
STREET ADDRESS	2025 ROGERS ST		1.3.STHEE	ADDRESS				
DITY - ST - ZIP	CLEARWATER FL		1.4 CrTY -					
ITLE		☐ DELETÉ 2 1				☐ Change	Addit on	
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREE	ADDHESS				
PTY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		2.4 CITY - S	51 - ZiP				
ITLE		DELETE	3 ' 11'LF	1	Change A		Addition	
IAM:			3.2 NAME					
TREET ADDRESS				LADDRESS				
HTV-ST-ZIP		DELETE	3 4 CITY - 5 4 1 TITLE	S1 - ZIF		☐ Charge	☐ Additon	
IAME			4 1 HILF 4 2 NAME	Ì		L Charge	Addition	
TREET ADDRESS				ADDRESS				
HTY-ST-ZIP			4.4 CITY - 5					
ITLE			5 1 TITLE		Change Addition			
AME			5.2 NAME					
TREET ADDRESS			53 SIREFI	ADDRESS				
ITY-ST-ZIP			5.4 City - 9					
ITLE	***		6 1 T TLE			Addition		
AME			6.2 NAME				_	
TREET ADDRESS			€ 3 STREE	ADDRESS.				
DITY-ST-ZIP			640fy S	ST - 206				
centry that	ne information Indicated on this an	riual repert or supplemental an	nishen and doe	s not quality four	or the exemption stated in Section 119, te and that my signature shall have the sireport as required by Chapter 607, Fil	same legal effect as i	if made under	

nent with an address.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR