

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra D. Martinez  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 PM 2:23

DOCUMENT # **P94000004839 (4)**

1. Corporation Name

**CANTERBURY PROPERTIES, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

111 4TH ST  
APALACHICOLA FL 32320

P.O. BOX 367  
APALACHICOLA FL 32320

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

01/11/1994

2. Principal Place of Business

2a. Mailing Address

21 71 MARKET ST.

26 P.O. BOX 367

4. FEI Number

Applied For

59-3226114

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23 Apalachicola, FL.

28 Apalachicola, FL.

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 32320

25 Franklin

29 32329

30 FRANKLIN

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEAVERS, J. TOM  
111 4TH ST  
APALACHICOLA FL 32320

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

Signature listed in printed name of registered agent and title accepted

NOTE: Registered Agent signature required when maintaining

DATA

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME BEAVERS, J. TOM  
STREET ADDRESS P.O. BOX 367 N/A  
CITY ST ZIP APALACHICOLA FL 32320

11 TITLE PRESIDENT  Change  Addition  
12 NAME BEN WATKINS  
13 STREET ADDRESS 41 Commerce St.  
14 CITY ST ZIP Apalachicola, FL 32320

TITLE STD  
NAME BEAVERS, ELLEN E  
STREET ADDRESS P.O. BOX 367 N/A  
CITY ST ZIP APALACHICOLA FL 32320

21 TITLE Secretary/Treasurer  Change  Addition  
22 NAME Glenn Smith  
23 STREET ADDRESS 5021 322nd Ave S.E.  
24 CITY ST ZIP Fall City, WA 98024

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY ST ZIP  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 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 119 07(3)(k), 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 in an addendum with an address.

SIGNATURE:

*[Handwritten Signature]*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 904  
653 2555  
Tallahassee