

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000004839 (4)**

1. Corporation Name

**CANTERBURY PROPERTIES, INC.**



Principal Place of Business

**71 MARKET ST  
APALACHICOLA FL 32320  
US**

Mailing Address

**P O BOX 367  
APALACHICOLA FL 32329  
US**

3. Date Incorporated or Qualified  
**01/11/1994**

3a. Date of Last Report  
**05/01/1995**

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

29 30

4. FEI Number

**59-3226114**

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

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 607.1608, 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 607.0905, Florida Statutes.

SIGNATURE

Signature of person who is authorized to sign this report

Signature of person who is authorized to register

DATE

12. OFFICERS AND DIRECTORS

11a. TITLE	11b. NAME	11c. STREET ADDRESS	11d. CITY, ST, ZIP	11e. TITLE	11f. NAME	11g. STREET ADDRESS	11h. CITY, ST, ZIP	11i. TITLE	11j. NAME	11k. STREET ADDRESS	11l. CITY, ST, ZIP
	<b>P</b>	<b>WATKINS, BEN</b>	<b>41 COMMERCE ST APALACHICOLA FL</b>	<input checked="" type="checkbox"/> DELETE							
		<b>SMITH, GLENN</b>	<b>5821 322ND AVE SE FALL CITY WA</b>	<input type="checkbox"/> DELETE							
				<input type="checkbox"/> DELETE							
				<input type="checkbox"/> DELETE							
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				<input type="checkbox"/> DELETE							

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1. TITLE	12.2. NAME	12.3. STREET ADDRESS	12.4. CITY, ST, ZIP	12.5. TITLE	12.6. NAME	12.7. STREET ADDRESS	12.8. CITY, ST, ZIP	12.9. TITLE	12.10. NAME	12.11. STREET ADDRESS	12.12. CITY, ST, ZIP
	<b>President</b>	<b>BEAVERS, J. TOM</b>	<b>71 MARKET ST. Apalachicola, FL. 32320</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition							
				<input type="checkbox"/> Change <input type="checkbox"/> Addition							
				<input type="checkbox"/> Change <input type="checkbox"/> Addition							
				<input type="checkbox"/> Change <input type="checkbox"/> Addition							
				<input type="checkbox"/> Change <input type="checkbox"/> Addition							
				<input type="checkbox"/> Change <input type="checkbox"/> Addition							
				<input type="checkbox"/> Change <input type="checkbox"/> Addition							

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 on an attachment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/96 653-2555  
DATE SIGNATURE

CR2E034 (12/95)