

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JAN 1 1996

DOCUMENT # P94000055227 (0)

1. Corporation Name
STRAWBERRY R.V., INC.

Principal Place of Business Mailing Address
**4809 REECE ROAD P.O. BOX 3729
PLANT CITY FL 33567 PLANT CITY FL 33567**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
07/22/1994

2. Principal Place of Business 2a. Mailing Address
21 **1905 Frontage Rd. S.** 26

4. FEI Number Applied For
59-3256643 Not Applicable

22 Suite, Apt. #, etc 27 Suite, Apt. #, etc

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 City & State 28 City & State
Plant City, FL

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip 25 Country 29 Zip 30 Country
33566 US

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

9. Name and Address of Current Registered Agent
**DEAMBROSE, SHERWOOD J
2807 LAKE VIEW WAY
PLANT CITY FL 33567**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 85 Zip Code
FL

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 _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1. TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		12 NAME	Sherwood J. DeAmbrose
STREET ADDRESS		13 STREET ADDRESS	2607 Lakeview Way
CITY, ST, ZIP		14 CITY, ST, ZIP	Plant City, FL 33567
TITLE		21 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME	James W. Aikey
STREET ADDRESS		23 STREET ADDRESS	4835 - 14th Avenue
CITY, ST, ZIP		24 CITY, ST, ZIP	Bradenton, FL 34208
TITLE		31 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME	Samantha J. DeAmbrose
STREET ADDRESS		33 STREET ADDRESS	15431 Plantation Oaks Dr. #12
CITY, ST, ZIP		34 CITY, ST, ZIP	Tampa, FL 33647
TITLE		41 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42 NAME	Barry M. Gaffney
STREET ADDRESS		43 STREET ADDRESS	2211 Wedgewood Ct.
CITY, ST, ZIP		44 CITY, ST, ZIP	Plant City, FL 33567
TITLE		51 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52 NAME	Wendy T. Lewis
STREET ADDRESS		53 STREET ADDRESS	2607 Lakeview Way
CITY, ST, ZIP		54 CITY, ST, ZIP	Plant City, FL 33567
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		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 in 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 the agent, or in an attached form with an address.

SIGNATURE: **Samantha J. DeAmbrose** 6/1/95 813-754-3930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number