

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000055227 (0)**

1. Corporation Name

**STRAWBERRY R.V., INC.**



Principal Place of Business

1905 FRONTAGE RD S  
PLANT CITY FL 33566  
US

Mailing Address

P.O. BOX 3729  
PLANT CITY FL 33567

2. Principal Place of Business

2a. Mailing Address

22 State, Apt., #, etc.

26 State, Apt., #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**DEAMBROSE, SHERWOOD J  
2607 LAKE VIEW WAY  
PLANT CITY FL 33567**

3. Date Incorporated or Qualified

07/22/1994

3a. Date of Last Report

06/06/1995

4. FET Number

59-3256643

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contributor

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes

Yes  No

10. Name and Address of New Registered Agent

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 of the person who is authorized to file this report

Signature of the person who is authorized to file this report

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME **D DEAMBROSE, SHERWOOD J**  
STREET ADDRESS **2607 LAKEVIEW WAY**  
CITY-ST-ZIP **PLANT CITY FL**

TITLE  DELETE

NAME ~~WENDEY JAMES W~~  
STREET ADDRESS ~~XXXXXXXXXXXX~~  
CITY-ST-ZIP ~~BRADENTON FL~~

TITLE  DELETE

NAME **S DEAMBROSE, SAMANTHA J**  
STREET ADDRESS **15431 PLANTATION OAKS DR 12**  
CITY-ST-ZIP **TAMPA FL**

TITLE  DELETE

NAME **T GAFFNEY, BARRY M**  
STREET ADDRESS **2211 WEDGEWOOD CT**  
CITY-ST-ZIP **PLANT CITY FL**

TITLE  DELETE

NAME **D LEWIS, WENDY T**  
STREET ADDRESS **2607 LAKEVIEW WAY**  
CITY-ST-ZIP **PLANT CITY FL**

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  Change  Addition

12 NAME  
13 STREET ADDRESS

14 CITY-ST-ZIP  Change  Addition

21 TITLE  
22 NAME

23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE  Change  Addition

32 NAME  
33 STREET ADDRESS

34 CITY-ST-ZIP  Change  Addition

41 TITLE  
42 NAME

43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  Change  Addition

52 NAME  
53 STREET ADDRESS

54 CITY-ST-ZIP  Change  Addition

61 TITLE  
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 registered or trusted employee 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:

Samantha J. DeAmbrose

2/29/96

(813) 754-1152

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NUMBER

CR2E034 (12/95)