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

DOCUI	MENT # 50155	5 (7)		· · · · · · · · · · · · · · · · · · ·				
ELSBE	RRY GREENHOUSE, INC.							
Principal Place	e of Business	Mailing Address				AN MILLION MANAGE MI		ONL OLDSI SION ILON
101 BIG BEND RD RUSKIN FL 33572-1407		101 BIG BEND RD RUSKIN FL 33572-1407						
					3. Date Incorporated or Qualified 04/16/1976		te of Last)4/07/1	•
2. Principal Place of Business		2a. Mailing Address		4. FEI Number			Applied For	
Suite, Apt.	# etc	Suite, Apt. #, etc.			59-1661246			Not Applicable
22	., 500	27			5. Certificate of Status Desired			75 Additional se Required
City & State	e	City & State			6. Election Campaign Financing			.00 May Be
23		28		Trust Fund Contribution			ded to Fees	
Zip	Country	Zip	Country		8. This corporation has liability for	intang-ble f	tax under	s 199.032,
24	9. Name and Address of Curren	t Registered Agent	30		Flonda Statutes X Ye 10. Name and Address of New	s No		
	J. Hame and Address of Carlett	riogistered Agent	81	Name	TO. Name and Address of New	registered	Agent	
ELSBERRY, ROSS S.							·	
HWY #41 & STATE RD. 672			82 Street Addr		dress (P.O. Box Number is Not Accepta	o'e)		
RUSKIN FL 33570			83	·				
			84	City		FI		Zip Code
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above r	named corpo	oration submits this statement for the pu	rpose of cl	nanging it	s registered office
familiar wit	th, and accept the obligations of Section	a. 3001 Change was admonze on 607.0505, Florida Statutes.	а ву тне согр	oration's boa	ard of directors. Thereby accept the app	iointment a	s registeri	éd agent. I am
SIGNATURE								
12.	Signature, typed or printed name of registered agent a OFFICERS AND		E. Registered Agent	1 Signit into regulare	of when runstating. ADDITIONS/CHANGES TO OF	DATE TOPING	D DIDE O	TODO IN AC
TITLE	STD	DELETE	1 1 TITLE		ADDITIONS/CHANGES TO OF		Change	
NAME	FLODERDY DOOD O		1.2 NAME				☐ Oriengi	c Addition
STREET ADDRESS	HWY #41 & STATE RD 672		1.3 STREET ADDRESS					
CHTY-ST-ZIP	RUSKIN, FL 00000		1.4 CITY - ST - ZIP					
THILF	STD						☐ Change	e 🔲 Addition
NAME	ELSBERRY, DONALD L	BERRY, DONALD L						_
STREET ADDRESS	HWY #41 & STATE RD 672		2 3 STREET	ADDRESS				
C-TY-ST-ZIP			24 C/1Y-S	1 - ZIF'				
FILE	VD	☐ DELETE	3 1 TiTLF				☐ Change	e 🔲 Addition
NAME	ELSBERRY, TERRY L		3.2 NAME					
STREET ADDRESS	HWY #41 & STATE RD 672 RUSKIN, FL 00000		3.3 \$1REFT					
CITY-ST-ZIP TITLE	VD	☐ DELETE	3 4 CiTy - S	1 - 21P				
NAME	ELSBERRY, BRUCE P	Deten	4 1 TITLE 4 2 NAME				Change	e 🗀 Addition
STREET ADDRESS	HWY #41 & STATE RD 672		4.3 STREET	ADDOLCC				
CITY - ST - ZIF	RUSKIN, FL 00000		4.4 CITY - S					
TITLE	VD	DELETE	5 1 DILE	1-211			Change	e
NAME	BENUS, LYNN	_	5.2 NAME			'		
STREET ADDRESS	HWY #41 & STATE RD 672		5.3 STREET	ADDRESS				
CITY+\$1-7IP	RUSKIN, FL 00000		5.4 CITY-S					
TITLE	PD	☐ DELET€	6 1 TITLE	1			Change	e 🔲 Addition
NAME	THOMAS, JEFF		6.2 NAME					
STREET ADDRESS	HWY #41 & STATE RD 672		6.3 STREET	ADDRESS				

PUSKIN FL

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 13 if changed, or on an although the same address.

SIGNATURE: X

O NAME OF SIGNING OFFICER OF DIRECTOR

3 196

813-677-0779

CR2E034 (12/95)