## 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

1. Corporation		97 (3)					
THE R. H. BERG COMPANY							
Principal Place	of Business	Mailing Address			F IN A LEFT TIMEN TO DESCRIPT THE TAIL THE	12) (8 D) 9:01) U/DII U/DII 01	811 WEBER GIREL 1881
	RTMOUTH AVENUE NE FL 32901		403 W. DARTMOUTH AVENUE MELBOURNE FL 32901				
				,	3. Date Incorporated or Qualified 05/15/1930	3a. Date of Last R 05/01/1	995
2. Principal Pla	r, Principal Place of Business 26. Mailing Address 26.				4. FEI Number 59-0161835	<b>⊢</b> —	Applied For Not Applicable
Suite, Apt.	⊭, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75	Additional Regulred
City & State	3	City & State	City & State		Election Campaign Financing     Trust Fund Contribution		<b>0</b> May Be d to Fees
Zip 24]	25 29 30		30]	ntry	8. This corporation has liability for intangible tax under s 199.00 Florida Statutes Yes No		199.032,
	9, Name and Address of Curre	ent Registered Agent		81 Name	10. Name and Address of New R	egistered Agent	
SHEFFIELD, EUGENE V.							
	. DARTMOUTH AVE.			82 Street Addr	et Address (P.O. Box Number is Not Acceptable)		
	OURNE FL 32901						
			84 City			FL  85   Zi	p Code
or register	o the provisions of Sections 607.050 ed agent, or both, in the State of Flo th, and accept the obligations of, Se	rida. Such change was auth <b>oriz</b> e	ed by the c	ve-named corpor orporation's boa	ation submits this statement for the puri rd of directors. I hereby accept the appo	oose of changing its r intment as registered	registered office Lagent. Lam
CICALAT LIDE:	,						
12.	Signature hyped or printed name of registered age	nt and title if applicable. NO ND DIRECTORS	If Registered	Agent signature require	d when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTO	DS IN 12
12. 111LE	PD DELETE		1.11	TLE	ADDITIONS/OFFINGES TO OFFI	Change	Addition
NAME			1.2 NA	ME			
STREET ADDRESS	403 W. DARTMOUTH AVE		1.3 ST	REET ADDRESS			1
CITY-ST-ZiP	MELBOURNE FL		1.4 CI	Y-ST-ZIP			
TITLE	<b>VD</b> DELETE		2 1 TI	TLE		Change	Addition
NAME	SHEFFIELD, SUSAN		2.2 NA	ME			
STREET ADDRESS	403 W DARTMOUTH AVE		23 ST	REET ADDRESS			
CI1Y-S1-7/P	MELBOURNE FL	PO DE ETE		Y-ST-ZIP		En Alice	
TITLE	STD DIAMA D	DELETE	3 1 11			Change	Addition
NAME	AND SALEDA OFFICE ASSESSMENT			ME			
LICE PAUDIC CO				REET ADDRESS			
CHY-ST-ZiP TITLE	MILLOUDINL 1 L	DELFTE	4, 1 Tr	Y-ST-ZIP		☐ Change	Addition
NAME		L.J 2000 11	42 NA			L. Strange	
STREET ADORESS				REET ADDRESS			,
CITY-ST-ZIF			l l	IY-ST-ZIP			
TITLE			5 1 1)		Change Addit		Addition
NAME			52 NA	ME.			
STREET ADDRESS			5351	REET ADDRESS			
CITY-\$T-ZIP			54 01	Y-ST-ZIP			
TITLE		☐ DELETE	6 1 11	TLE	CONTRACTOR	Change	Addition
NAME			. 62 NA	ME.			
STREET ADDRESS			63.51	REET ADDRESS			
CITY-ST-ZIF	podl6, that the left made a series	d order thing fillings on and make the American		Y-ST-ZIP	or the exemption stated in Section 119.	17/0/W Florida N-1-3	loo I further

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 cath; 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:

SIGNATURE:

SIGNATURE OF PRINTER AND TYPED OR PRINTER OR SIGNING OFFICER OR PRINTER AND TYPED OR PRINTER AND

Eusene V. Sheffield 04/30/96 (407) 728-7039