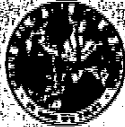


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -7 AM 11:06

DOCUMENT # 243248 (2)

1. Corporation Name

ELSBERRY PARTNERSHIP, INC.

Principal Place of Business

**101 BIG BEND ROAD
RUSKIN FL 33572-1407**

Mailing Address

**101 BIG BEND ROAD
RUSKIN FL 33572-1407**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/28/1960

3a. Date of Last Report

03/07/1994

4. FEI Number

59-0955797

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**ELSBERRY, DONALD L
101 BIG BEND RD
RUSKIN FL 33572**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PD
ELSBERRY, DONALD L
5020 TAMiami TRAIL N.
RUSKIN, FL 00000**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**STD
ELSBERRY, THOMAS L
6303 BALBOA LANE
APOLLO BEACH FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**VD
ELSBERRY, ROSS S
2838 24TH ST. SE
RUSKIN, FL 00000**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**VD
ELSBERRY, L G
121 24TH AVE SW
RUSKIN FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**VD
ELSBERRY, BRUCE P
2816 24TH ST. S.E.
RUSKIN, FL 00000**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**ASTD
WILLIFORD, LYNDA K
2020 SAFFOLD PK DR
RUSKIN FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ 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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with in parentheses.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald L. Elsberry

3/31/95 (813) 671-6221