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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

ELSBERRY, DONALD L
101 BIG BEND RD
RUSKIN FL 33572

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 607.1505, 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. Thereby 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 sign this report

Signature of the person who is authorized to sign this report

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE
PD	ELSBERRY, DONALD L	5020 TAMiami TRAIL N.	RUSKIN, FL 00000	☐
STD	ELSBERRY, THOMAS L	6303 BALBOA LANE	APOLLO BEACH FL	☐
VD	ELSBERRY, ROSS S	2836 24TH ST. SE	RUSKIN, FL 00000	☐
VD	ELSBERRY, L G	121 24TH AVE SW	RUSKIN FL	☐
VD	ELSBERRY, BRUCE P	2816 24TH ST. S.E.	RUSKIN, FL 00000	☐
ASTD	WILLIFORD, LYNDA K	2020 SAFFOLD PK DR	RUSKIN FL	☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY-STATE-ZIP	9. TITLE	10. NAME	11. STREET ADDRESS	12. CITY-STATE-ZIP	13. TITLE	14. NAME	15. STREET ADDRESS	16. CITY-STATE-ZIP	17. TITLE	18. NAME	19. STREET ADDRESS	20. CITY-STATE-ZIP
☐ Change ☐ Addition				☐ Change ☐ Addition				☐ Change ☐ Addition				☐ Change ☐ Addition				☐ 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 119.07(3)(g), Florida Statutes. I further certify that the information included on this annual report or supplements 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 sole owner of the corporation, empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if I have been added or changed in the address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD L. ELSBERRY

3/29/96 (812) 677-6221

CR2E034 (12/95)