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Mar 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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



3. Date Incorporated or Qualified 12/28/1960
3a. Date of Last Report 04/02/1996

4. FEI Number 59-0955797
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$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 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|-----------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | ELSBERRY, DONALD L | |
| STREET ADDRESS | 5020 TAMiami TRAIL N. | |
| CITY - ST - ZIP | RUSKIN, FL 00000 | |
| TITLE | STD | <input type="checkbox"/> DELETE |
| NAME | ELSBERRY, THOMAS L | |
| STREET ADDRESS | 6303 BALBOA LANE | |
| CITY - ST - ZIP | APOLLO BEACH FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | ELSBERRY, ROSS S | |
| STREET ADDRESS | 2836 24TH ST. SE | |
| CITY - ST - ZIP | RUSKIN, FL 00000 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | ELSBERRY, L G | |
| STREET ADDRESS | 121 24TH AVE SW | |
| CITY - ST - ZIP | RUSKIN FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | ELSBERRY, BRUCE P | |
| STREET ADDRESS | 2816 24TH ST. S.E. | |
| CITY - ST - ZIP | RUSKIN, FL 00000 | |
| TITLE | ASTD | <input type="checkbox"/> DELETE |
| NAME | WILLIFORD, LYNDIA K | |
| STREET ADDRESS | 2020 SAFFOLD PK DR | |
| CITY - ST - ZIP | RUSKIN FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | STD |
| 2.3 STREET ADDRESS | ELSBERRY, THOMAS L |
| 2.4 CITY - ST - ZIP | 904 Allergo LANE |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Apollo Beach, FL 33572 |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (9/96)