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FILED
Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/28/1960	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-0955797	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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
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 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	904 ALLERGO 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, LYNDA 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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	ASTD
6.3 STREET ADDRESS	Williford, LYNDA KAY
6.4 CITY-ST-ZIP	1482 FAIRVIEW LANE ANDREWS, NC 28901

14. I 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 an address.

SIGNATURE:

Donald L. Elsberry

3/16/98

(813) 677-6221

CP2E034 (10/97)