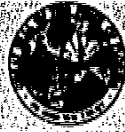


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # 312949 (1)

95 APR -7 AM 11:06

1. Corporation Name

ELSBERRY, INC.

Principal Place of Business

Mailing Address

101 BIG BEND RD
RUSKIN FL 33572-1407

101 BIG BEND RD
RUSKIN FL 33572-1407

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
01/19/1967

3a. Date of Last Report
03/07/1994

4. FEI Number
59-1155164

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ELSBERRY, DONALD L
101 BIG BEND ROAD
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 607.1508, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	ELSBERRY, DONALD L
STREET ADDRESS	5020 TAMiami TR N.
CITY - ST - ZIP	RUSKIN, FL 00000
TITLE	VD
NAME	ELSBERRY, BRUCE
STREET ADDRESS	2816 24TH STREET SE
CITY - ST - ZIP	RUSKIN, FL 00000
TITLE	VD
NAME	ELSBERRY, GLENN
STREET ADDRESS	121 24TH AVE SW
CITY - ST - ZIP	RUSKIN FL
TITLE	STD
NAME	ELSBERRY, THOMAS L.
STREET ADDRESS	6303 BALBOA LN.
CITY - ST - ZIP	APOLLO BCH. FL
TITLE	ASTD
NAME	WILLFORD, LYNDA KAY
STREET ADDRESS	2020 SAFFOLD PARK DRIVE
CITY - ST - ZIP	RUSKIN FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information contained on this annual report or supplied until 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 no deletion.

SIGNATURE:

Donald L. Elsberry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Donald L. Elsberry

3/31/95 (813) 677-6221