

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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 # 312949 (1)
1. Corporation Name
ELSBERRY, INC.

Principal Place of Business 101 BIG BEND RD RUSKIN FL 33572-1407	Mailing Address 101 BIG BEND RD RUSKIN FL 33572-1407
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DO NOT WRITE IN THIS SPACE

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		3. Date Incorporated or Qualified 01/19/1987	
21		26		4. FEI Number 59-1155164	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		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 ROAD 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	
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	ELSBERRY, DONALD L	1.2 NAME	
STREET ADDRESS	5020 TAMiami TR N.	1.3 STREET ADDRESS	
CITY-ST-ZIP	RUSKIN, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	ELSBERRY, BRUCE	2.2 NAME	
STREET ADDRESS	2816 24TH STREET SE	2.3 STREET ADDRESS	
CITY-ST-ZIP	RUSKIN, FL 00000	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	ELSBERRY, GLENN	3.2 NAME	
STREET ADDRESS	121 24TH AVE SW	3.3 STREET ADDRESS	
CITY-ST-ZIP	RUSKIN FL	3.4 CITY-ST-ZIP	
TITLE	STD	4.1 TITLE	STD
NAME	ELSBERRY, THOMAS L.	4.2 NAME	ELSBERRY, Thomas L.
STREET ADDRESS	6303 BALBOA LN.	4.3 STREET ADDRESS	904 Allergo LANE
CITY-ST-ZIP	APOLLO BCH. FL	4.4 CITY-ST-ZIP	APollo Beach, FL 33572
TITLE	ASTD	5.1 TITLE	ASTD
NAME	WILLIFORD, LYNDIA KAY	5.2 NAME	Williford, LYNDIA KAY
STREET ADDRESS	2020 SAFFOLD PARK DRIVE	5.3 STREET ADDRESS	1482 FAIRVIEW Road
CITY-ST-ZIP	RUSKIN FL	5.4 CITY-ST-ZIP	ANDREWS, NC 28401
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, changed, or on an attachment with an address.

SIGNATURE:  3/16/98 (813) 677-6221

CR2E034 (10/97)