FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 10 PM 2:26

DOCUMENT # 502665 (3)

1. Corporation Name
CHERRY BLUFF, INC.

Principal Place of Business
4024 N. MERIDIAN RD
TALLAHASSEE FL 32312
US

Mailing Address
4024 N. MERIDIAN RD
TALLAHASSEE FL 32312
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/06/1976
3a. Date of Last Report: 05/23/1994
4. FEI Number: 59-1723828 ☐ 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
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent
SHAW, JR. FRANK S.
4024 N.MERIDIAN RD
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent
61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL
65 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 ____________________ DATE ________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	SHAW, FRANK S. JR	4024 N. MERIDIAN RD	TALLAHASSEE FL
VD	SHAW, MARY LOWRY	243 N. MAGNOLIA DR.	TALLAHASSEE FL
VD	SIMMONS, LETITIA SHAW	243 N. MAGNOLIA DR.	TALLAHASSEE FL
S	SHAW, JR. FRANK S.	4024 N. MERIDIAN RD	TALLAHASSEE FL
AST	SHAW, FRANK S. III	701 SOUTH RIDE	TALLAHASSEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
1 ☐ Change ☐ Addition				
2 ☐ Change ☐ Addition				
3 ☐ Change ☐ Addition				
4 ☐ Change ☐ Addition				
5 ☐ Change ☐ Addition				
6 ☐ 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)(k), 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: [signature] Pres. 4-6-95 3861120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #