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Jan 29 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 # 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 32312-1148
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

05/06/1976

3a. Date of Last Report

03/20/1996

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

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

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

TITLE P DELETE

NAME SHAW, FRANK S. JR
STREET ADDRESS 4024 N. MERIDIAN RD
CITY-ST-ZIP TALLAHASSEE FL

TITLE VD DELETE

NAME SHAW, MARY LOWRY
STREET ADDRESS 243 N. MAGNOLIA DR.
CITY-ST-ZIP TALLAHASSEE FL

TITLE VD DELETE

NAME SIMMONS, LETITIA SHAW
STREET ADDRESS 243 N. MAGNOLIA DR.
CITY-ST-ZIP TALLAHASSEE FL

TITLE S DELETE

NAME SHAW, JR. FRANK S.
STREET ADDRESS 4024 N. MERIDIAN RD
CITY-ST-ZIP TALLAHASSEE FL

TITLE AST DELETE

NAME SHAW, FRANK S. III
STREET ADDRESS 701 SOUTH RIDE
CITY-ST-ZIP TALLAHASSEE FL

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change 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 an address.

SIGNATURE:

Frank S. Shaw Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-97

Date

933 7817

Daytime Phone #

0048731

CR2E034 (9/96)