

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

FILED

Jan 29 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 # **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
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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 05/06/1976	
4. FEI Number 59-1723828		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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 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 <input type="checkbox"/> DELETE	
NAME	SHAW, FRANK S. JR	
STREET ADDRESS	4024 N. MERIDIAN RD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VD <input type="checkbox"/> DELETE	
NAME	SHAW, MARY LOWRY	
STREET ADDRESS	243 N. MAGNOLIA DR.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VD <input type="checkbox"/> DELETE	
NAME	SIMMONS, LETTIA SHAW	
STREET ADDRESS	243 N. MAGNOLIA DR.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	S <input type="checkbox"/> DELETE	
NAME	SHAW, JR. FRANK S.	
STREET ADDRESS	4024 N. MERIDIAN RD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	AST <input type="checkbox"/> DELETE	
NAME	SHAW, FRANK S. III	
STREET ADDRESS	701 SOUTH RIDE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	<input type="checkbox"/> DELETE	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME		
6.3 STREET ADDRESS		
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 if changed, or on an attachment with an address.

SIGNATURE: *Frank S Shaw Jr* FRANK S Shaw Jr 1-21-97 850 933 7817

CR2E034 (10/97)