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Feb 28 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 # 542958

(4)

1. Corporation Name
GREG O'BERRY, INC.



Principal Place of Business

**701 CAROLINE ST
KEY WEST FL 33040
US**

Mailing Address

**P O BOX 930
TIFFIN OH 44883-0930
US**

3. Date Incorporated or Qualified

08/15/1977

3a. Date of Last Report

05/01/1996

4. FEI Number

59-1762155

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

21 **701 Caroline Street**

Suite, Apt. #, etc.

22 **Key West, Florida**

City & State

23 **33040**

Zip

Country

US

2a. Mailing Address

26 **701 Caroline Street**

Suite, Apt. #, etc.

27 **Key West, Florida**

City & State

28 **33040**

Zip

Country

US

9. Name and Address of Current Registered Agent

**MOODY, GENE E.
701 CAROLINE ST
KEY WEST FL 33040**

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 of person providing name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **MOODY, GENE E.**
STREET ADDRESS **701 CAROLINE ST**
CITY-STATE-ZIP **KEY WEST FL**

TITLE **TS** ☒ DELETE
NAME **GONS, DAVID L.**
STREET ADDRESS **201 SOUTH WASHINGTON ST**
CITY-STATE-ZIP **TIFFIN OH**

TITLE **S** ☐ DELETE
NAME **Smith Lorraine**
STREET ADDRESS **701 Caroline Street**
CITY-STATE-ZIP **Key West, Florida 33040**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **S** ☒ Change ☐ Addition
1.2 NAME **Smith, Lorraine**
1.3 STREET ADDRESS **701 Caroline Street**
1.4 CITY-STATE-ZIP **Key West, Florida 33040** ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/24/97

Date

(305) 294-6637 x150

Daytime Phone

CR2E034 (9/96)