FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 **DIVISION OF CORPORATIONS** J16308 (5) **DOCUMENT #** STRAWBERRIE CORNER, INC. Principal Place of Business Mailing Address **% JOYCE REINER REITMEYER** % JOYCE REINER REITMEYER 6035 ESTERO BLVD 6035 ESTERO BLVD FT. MYERS BEACH FL 33931 FT. MYERS BEACH FL 33931 Date Incorporated or Qualified 05/27/1986 3a. Date of Last Report 05/01/1995 2. Principal Place of Business 2a. Mailing Address Applied For 59-2683137 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation has liability for intangit e tax under s 199.032, 24 25 29 30 Florida Statutes Yes Who 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 REITMEYER, JOYCE REINER Street Address (P.O. Box Number is Not Acceptable) 6035 ESTERO BLVD FT. MYERS BEACH FL 33931 83 84 City 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 supplied the obligations of, Section 607.0506, Florida Statutes. SIGNATURE Signature have a great agent with a great state of provisional agent. I am state of provisional agent with a great state of provisional agent with a great state of provisional agent. I am state of provisional agent with a great state of provisional agent. I am state of provisional agent with a great state of provisional agent. I am state of provisional agent with a great state of provisional agent. I am state of provisional agent with a great state of provisional agent. I am state of provisional agent with a great state of provisional agent. I am state of provisional agent with a great state of provisional agent agent with a great state of provisional agent agent agent with a great state of provisional agent a (NOTE: Registered Agent signature required when reinstating CR2E034 (12/95) 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DP THILE DELETE 1. 1 TITLE ☐ Change ☐ Addition REITMEYER, JOYCE REINER NAME 1.2 NAME 6035 ESTERO BLVD STREET ADDRESS 1.3 STREET ADDRESS FT. MYERS BEACH FL CITY-ST-ZiP 1.4 CITY - ST - ZIP THIE DELETE 2. 1 THTLE ☐ Change Addition NAM: 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CHTY-ST-ZIP 24 CHY-ST-ZIP THILE DELETE 3. 1 THILE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3. STREET ADDRESS CITY - ST - ZIP 3.4 CITY - ST - ZIP TITLE DELETE 4. 1 TITLE Change Addition NAME 4.2 NAME S1RÉET ADORESS 4.3 STREET ADDRESS CITY-S1-ZIP 44 CITY-ST-7IP TITLE DELETE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST ZIP 5.4 CITY-ST-ZIP THILE DELETE 6. 1 TITLE Change ☐ Addition 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY - ST - ZIE 6.4 CITY-ST-ZIP 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.