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May 02 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 # **K30509** (9)  
1. Corporation Name  
**STRAWBERRY RIDGE, INC.**



Principal Place of Business Mailing Address  
% M. STEVEN SEMBLER  
5858 CENTRAL AVE  
ST PETERSBURG FL 33707

3. Date Incorporated or Qualified **08/08/1988** 3a. Date of Last Report **06/24/1996**  
4. FEI Number **59-2904604** Applied For  
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 **11300 4th Street North** 26 **P.O. Box 22550**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **200** 27  
City & State City & State  
23 **St Petersburg Florida** 28 **St Petersburg, Fla**  
Zip Country Zip Country  
24 **33716** 25 **Florida** 29 **33742-2550** 30

9. Name and Address of Current Registered Agent  
**SEMBLER, M. STEVEN**  
**5858 CENTRAL AVE**  
**ST PETERSBURG FL 33707**

10. Name and Address of New Registered Agent  
81 Name **Sembler, M. Steven**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**11300 4th Street North Suite 200**  
83  
84 City **St Petersburg** FL 85 Zip Code **33716**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                           |                                 |
|----------------|---------------------------|---------------------------------|
| TITLE          | PTD                       | <input type="checkbox"/> DELETE |
| NAME           | <b>YOUNG, ROBERT B.</b>   |                                 |
| STREET ADDRESS | <b>5858 CENTRAL AVE</b>   |                                 |
| CITY-ST-ZIP    | <b>ST PETERSBURG FL</b>   |                                 |
| TITLE          | VSD                       | <input type="checkbox"/> DELETE |
| NAME           | <b>SEMBLER, M. STEVEN</b> |                                 |
| STREET ADDRESS | <b>5858 CENTRAL AVE</b>   |                                 |
| CITY-ST-ZIP    | <b>ST PETERSBURG FL</b>   |                                 |
| TITLE          | V                         | <input type="checkbox"/> DELETE |
| NAME           | <b>STROSS, PAMELA J.</b>  |                                 |
| STREET ADDRESS | <b>5838 CENTRAL AVE.</b>  |                                 |
| CITY-ST-ZIP    | <b>ST. PETERSBURG FL</b>  |                                 |
| TITLE          | V                         | <input type="checkbox"/> DELETE |
| NAME           | <b>JOHNSON, DARIAN W.</b> |                                 |
| STREET ADDRESS | <b>5858 CENTRAL AVE.</b>  |                                 |
| CITY-ST-ZIP    | <b>ST. PETERSBURG FL</b>  |                                 |
| TITLE          |                           | <input type="checkbox"/> DELETE |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |
| TITLE          |                           | <input type="checkbox"/> DELETE |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |   |
|--------------------|--|---|
| 1.1 TITLE          | PTD                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | <b>Young, Robert B.</b>                  |   |
| 1.3 STREET ADDRESS | <b>11300 4th Street North Suite 200</b>  |   |
| 1.4 CITY-ST-ZIP    | <b>St. Petersburg, Florida 33716</b>     |   |
| 2.1 TITLE          | VSD                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | <b>Sembler, M. Steven</b>                |   |
| 2.3 STREET ADDRESS | <b>11300 4th Street North Suite 200</b>  |   |
| 2.4 CITY-ST-ZIP    | <b>St. Petersburg Florida 33716</b>      |   |
| 3.1 TITLE          | V  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | <b>Stross, Pamela J.</b>                 |   |
| 3.3 STREET ADDRESS | <b>11300 4th Street North, Suite 200</b> |   |
| 3.4 CITY-ST-ZIP    | <b>St Petersburg Florida 33716</b>       |   |
| 4.1 TITLE          | V  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           | <b>Johnson, Darian, W.</b>               |   |
| 4.3 STREET ADDRESS | <b>11300 4th Street North, Suite 200</b> |   |
| 4.4 CITY-ST-ZIP    | <b>St. Petersburg Florida 33716</b>      |   |
| 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 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: **X M. Steven Sembler** Date: **April 25, 1997** Daytime Phone #: **813 577-5522**

CR2E034 (9/96)