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

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

**FILED** Mar 27 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # (9) K30509 STRAWBERRY RIDGE, INC. Principal Place of Business Mailing Address 11300 4TH STREET NORTH P O BOX 22550 ST PETERSBURG FL 33742-2550 DO NOT WRITE IN THIS SPACE ST PETERSBURG FL 33716 3. Date Incorporated or Qualified 08/08/1988 2. Principal Place of Business Mailing Address 4. FEI Number Applied For 2a. 26 59-2904604 Not Applicable 21 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaion Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 30 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SEMBLER, M. STEVEN 11300 4TH STREET NORTH SUITE 200 R2 Street Address (P.O. Box Number is Not Acceptable) ST PETERSBURG FL 33716 83 City 84 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) OFFICERS AND DIRECTORS CR2E034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PTD DELETE Change Addition TITLE 1.1 TITLE YOUNG, ROBERT B. NAME 12 NAME 11300 4TH STREET NORTH SUITE 200 STREET ADDRESS 1.3 STREET ADDRESS ST PETERSBURG FL CITY-ST-ZIF 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME SEMBLER, M. STEVEN 2.2 NAME STREET ADDRESS 11300 4TH STREET NORTH SUITE 200 2.3 STREET ADDRESS ST PETERSBURG FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 31 TITLE STROSS, PAMELA J. NAME 3.2 NAME 11300 4TH STREET NORTH SUITE 200 STREET ADDRESS 3.3 STREET ADDRESS ST. PETERSBURG FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE JOHNSON, DARIAN W. NAME 4. 2 NAME STREET ADDRESS 11300 4TH STREET NORTH SUITE 200 4.3 STREET ADDRESS ST. PETERSBURG FL CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change ☐ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE 61 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

Drinne la J. Stepss

3 (16 198 (813) 577-552

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.