


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

FILED

Mar 27 1998 8:00am  
Secretary of State

|   |                                  |  |  |  |  |
|---|----------------------------------|--|--|--|--|
| <b>PROFIT CORPORATION ANNUAL REPORT 1998</b>  |                                  |         |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS  |  |
| <b>DOCUMENT # K30509 (9)</b><br>1. Corporation Name<br><b>STRAWBERRY RIDGE, INC.</b>  |                                  |  |  |  |  |
| Principal Place of Business<br><b>11300 4TH STREET NORTH<br/>200<br/>ST PETERSBURG FL 33716<br/>US</b>  |                                  |  | Mailing Address<br><b>P O BOX 22550<br/>ST PETERSBURG FL 33742-2550<br/>US</b> |  |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country<br>24   |                                  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29 |  | 3. Date Incorporated or Qualified<br><b>08/08/1988</b><br>4. FEI Number<br><b>59-2904604</b><br>5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b><br>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b><br>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 9. Name and Address of Current Registered Agent<br><b>SEMBLER, M. STEVEN<br/>11300 4TH STREET NORTH SUITE 200<br/>ST PETERSBURG FL 33716</b>  |                                  |  |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City <b>FL</b> 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 _____<br>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____  |                                  |  |  |  |  |
| 12. OFFICERS AND DIRECTORS  |                                  |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                          |  |  |
| TITLE   | PTD                              | <input type="checkbox"/> DELETE  | 1.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | YOUNG, ROBERT B.                 |  | 1.2 NAME   |  |  |
| STREET ADDRESS  | 11300 4TH STREET NORTH SUITE 200 |  | 1.3 STREET ADDRESS   |  |  |
| CITY-ST-ZIP   | ST PETERSBURG FL                 |  | 1.4 CITY-ST-ZIP  |  |  |
| TITLE   | VSD                              | <input type="checkbox"/> DELETE  | 2.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | SEMBLER, M. STEVEN               |  | 2.2 NAME   |  |  |
| STREET ADDRESS  | 11300 4TH STREET NORTH SUITE 200 |  | 2.3 STREET ADDRESS   |  |  |
| CITY-ST-ZIP   | ST PETERSBURG FL                 |  | 2.4 CITY-ST-ZIP  |  |  |
| TITLE   | V                                | <input type="checkbox"/> DELETE  | 3.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | STROSS, PAMELA J.                |  | 3.2 NAME   |  |  |
| STREET ADDRESS  | 11300 4TH STREET NORTH SUITE 200 |  | 3.3 STREET ADDRESS   |  |  |
| CITY-ST-ZIP   | ST. PETERSBURG FL                |  | 3.4 CITY-ST-ZIP  |  |  |
| TITLE   | V                                | <input type="checkbox"/> DELETE  | 4.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | JOHNSON, DARIAN W.               |  | 4.2 NAME   |  |  |
| STREET ADDRESS  | 11300 4TH STREET NORTH SUITE 200 |  | 4.3 STREET ADDRESS   |  |  |
| CITY-ST-ZIP   | ST. PETERSBURG FL                |  | 4.4 CITY-ST-ZIP  |  |  |
| TITLE   |                                  | <input type="checkbox"/> DELETE  | 5.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |                                  |  | 5.2 NAME   |  |  |
| STREET ADDRESS  |                                  |  | 5.3 STREET ADDRESS   |  |  |
| CITY-ST-ZIP   |                                  |  | 5.4 CITY-ST-ZIP  |  |  |
| TITLE   |                                  | <input type="checkbox"/> DELETE  | 6.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |                                  |  | 6.2 NAME   |  |  |
| STREET ADDRESS  |                                  |  | 6.3 STREET ADDRESS   |  |  |
| CITY-ST-ZIP   |                                  |  | 6.4 CITY-ST-ZIP  |  |  |



DO NOT WRITE IN THIS SPACE

SIGNATURE: \_\_\_\_\_

*Dorian W. Johnson* 3/16/98 (813) 577-5522

CR2E034 (10/97)