

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L83729** (8)

1. Corporation Name

STRAWBERRY HILL ENTERPRISES, INC.



Principal Place of Business

**1810 S. OSPREY AVENUE
SARASOTA FL 34239
US**

Mailing Address

**1810 S. OSPREY AVENUE
1800 SECOND ST., STE. 775
SARASOTA FL 34239
US**

3. Date Incorporated or Qualified

06/27/1990

3a. Date of Last Report

04/07/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0194500

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

9. Name and Address of Current Registered Agent

**FITZGIBBONS, THOMAS M.
1800 SECOND ST.
SUITE 775
SARASOTA FL 34236**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83

84. City

FL

85. Zip Code

10. Name and Address of New Registered Agent

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 or director (Typed name must be signed by registered agent or director)

(Printed Name of Agent or Director must be signed by registered agent or director)

(Date)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D

**SLAMINKO, JAMES
1571 HILLVIEW DR
SARASOTA FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D

**SLAMINKO, SANDRA N.
1571 HILLVIEW DR
SARASOTA FL**

☐ DELETE

TITLE
NAME
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CITY-ST-ZIP

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13.

1. TITLE
12. NAME
13. STREET ADDRESS
14. CITY-ST-ZIP

2. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP

3. TITLE
32. NAME
33. STREET ADDRESS
34. CITY-ST-ZIP

4. TITLE
42. NAME
43. STREET ADDRESS
44. CITY-ST-ZIP

5. TITLE
52. NAME
53. STREET ADDRESS
54. CITY-ST-ZIP

6. TITLE
62. NAME
63. STREET ADDRESS
64. CITY-ST-ZIP

☐ Change ☐ Addition

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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.

SIGNATURE:

James Slaminko

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-14-96

941-953-2870

(Date)

(Telephone #)

CR2E034 (12/95)