FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR 18 PM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L92075 (5)

1. Corporation Name
BERRYLAKE, INC.

Principal Place of Business	Mailing Address
RT. 9, BOX 464 LAKE CITY FL 32055	RT. 9, BOX 464 LAKE CITY FL 32055

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/06/1990
3a. Date of Last Report: 04/22/1994

2. Principal Place of Business	2a. Mailing Address
21 Rt. 9, Box 464	26 Rt. 9, Box 464
Suite, Apt. #, etc. 22 Lake City, Florida	Suite, Apt. #, etc. 27 Lake City, Florida
City & State 23 32024	City & State 28 32024
Zip / Country 24 / 25 USA	Zip / Country 29 / 30 USA

4. FEI Number: 59-3229427 ☐ 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

ALFREY, MILDRED JEAN
RT. 9, BOX 464
LAKE CITY FL 32055

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CP	11 TITLE	CP	☐ Change ☒ Addition
NAME	ALFREY, NORVAL K	12 NAME	ALFREY, NORVAL K	
STREET ADDRESS	RTE 9 BOX 464	13 STREET ADDRESS	RTE 9 BOX 464 N/A	
CITY-ST-ZIP	LAKE CITY FL	14 CITY-ST-ZIP	Lake City FL 32024	
TITLE	ST	21 TITLE	ST	☐ Change XX Addition
NAME	ALFREY, MILDRED JEAN	22 NAME	ALFREY, MILDRED JEAN	
STREET ADDRESS	RTE 9 BOX 464	23 STREET ADDRESS	RTE 9 BOX 464 N/A	
CITY-ST-ZIP	LAKE CITY FL	24 CITY-ST-ZIP	LAKE CITY FL 32024	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: Norval K. Alfrey - NORVAL K. ALFREY Apr. 11, 1995 (904) 752-7628
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0400071 FP