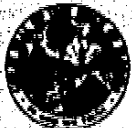


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

95 APR 18 PM 9:30

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L92075 (5)

**1. Corporation Name
BERRYLAKE, INC.**

Principal Place of Business RT. 9, BOX 464 LAKE CITY FL 32055	Mailing Address RT. 9, BOX 464 LAKE CITY FL 32055
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/06/1990	3a. Date of Last Report 04/22/1994
21 Rt. 9, Box 464 Suite, Apt. #, etc.	26 Rt. 9, Box 464 Suite, Apt. #, etc.	4. FEI Number 59-3229427		Applied For Not Applicable	
22 Lake City, Florida City & State	27 Lake City, Florida City & State	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
23 32024 Zip	28 32024 Zip	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No			
24 USA Country	29 USA Country				

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ALFREY, MILDRED JEAN RT. 9, BOX 464 LAKE CITY FL 32055		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 registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP ALFREY, NORVAL K RTE 9 BOX 464 LAKE CITY FL	1 TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP ALFREY, NORVAL K RTE 9 BOX 464 N/A LAKE CITY FL 32024
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST ALFREY, MILDRED JEAN RTE 9 BOX 464 LAKE CITY FL	2 TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST ALFREY, MILDRED JEAN RTE 9 BOX 464 N/A LAKE CITY FL 32024
TITLE NAME STREET ADDRESS CITY - ST - ZIP		3 TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4 TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5 TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6 TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		7 TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		8 TITLE NAME STREET ADDRESS 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 110.07(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: Norval K. Alfrey - **NORVAL K. ALFREY** Apr. 11, 1995 (904) 752-7628
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR