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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # L98692

1. Corporation Name

(1)

BERRYHILL, HOFFMAN & COMPANY, P.A.

FILED
Jan 15 1997 8:00am
Secretary of State



Principal Place of Business 107 NE 1ST AVE OCALA FL 32670-3661		Mailing Address 107 NE 1ST AVE OCALA FL 34470-6655		i sannan ara inini kina 10110 tibi Sibil Sibil Cini Sibil				
					3. Date Incorporated or Qualified 09/06/1990		te of Last I 1/1996	Report
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	······································	A	opplied For
Suite, Apt	# etc	Suite, Apt #, etc.			59-3023092			lot Applicabl Additional
22	.,	27			5. Certificate of Status Desired	X)	T	Additional Required
City & State	ė	City & State	• • • • • • • • • • • • • • • • • • • •		6. Election Campaign Financing		\$5.00) May Be
23		28	T ~		Trust Fund Contribution		Added	to Fees
Zip 24	Country 25	7ip 29	Counti	ry	8. This corporation has liability for i	intangible t Yes	tax under :	s. 199.032,
:4]	9. Name and Address of Cur		30		10, Name and Address of New Re			
BER	RYHILL, MICHAEL W		8	1 Name				
	NE 1ST AVE		8:	2 Street Ad	dress (P.O. Box Number is Not Acceptab	de)		
OCA	LA FL 32670		L		ores (Box Hamber to Hot Mosoplas			
			8:	3				
			84	4 City		F1	85 Zip	Code
44 Duroupra	to the proposition of Courters CO7.6	100 and 607 1500 Florida Ctat.	too the she		rporation submits this statement for the p	<u>FL</u>	11	
	Signature Typed or person transleofing, slined	argent and 14% Capp stable (NC	TE Registered As	acel a unatura roa		DATE		
12.	OFFICERS A	AND DIRECTORS	13.	gera signature red	ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12
	P				***************************************	ERS AND	DIRECTO Change	
HEE NAME	P Berryhill, Michael W	AND DIRECTORS	13.		***************************************	ERS AND		
HLE IAME STHEET ADDRESS	P BERRYHILL, MICHAEL W 107 NE 1ST AVE	AND DIRECTORS	13. 11 TITLE 1.2 NAME 1.3 STREE	ET ADDRESS	***************************************	ERS AND		
HEE IAME STHEET ADDRESS DITY-ST-ZIP	P BERRYHILL, MICHAEL W 107 NE 1ST AVE OCALA FL	AND DIRECTORS DELÉTE	13. 11 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-	ET ADDRESS - ST-ZIP	***************************************	ERS AND	Change	☐ Addit
12. THEF NAME STHEET ADDRESS CITY-ST-7IP THEE	P BERRYHILL, MICHAEL W 107 NE 1ST AVE OCALA FL ST	AND DIRECTORS	13. 11 TITLE 1.2 NAME 1.3 STREE	ET ADDRESS - ST-ZIP	***************************************	ERS AND		☐ Addit
HILE HAME STHEET ADDRESS CITY - ST - ZIP DITLE NAME	P BERRYHILL, MICHAEL W 107 NE 1ST AVE OCALA FL	AND DIRECTORS DELÉTE	13. 11 TITLE 12 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME	ET ADDRESS - ST-ZIP	***************************************	ERS AND	Change	☐ Additi
HILE NAME STHEET ADDRESS DITY-ST-7IP DILE NAME STREET ADDRESS	P BERRYHILL, MICHAEL W 107 NE 1ST AVE OCALA FL ST HOFFMAN, DAVID M	AND DIRECTORS DELÉTE	13. 11 TITLE 12 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME	ET ADDRESS -ST-ZIP	***************************************	ERS AND	Change	☐ Addit
ITHE STREET ADDRESS CITY-ST-ZIP DITE NAME STREET ADDRESS CITY-ST-ZIP TITE	P BERRYHILL, MICHAEL W 107 NE 1ST AVE OCALA FL ST HOFFMAN, DAVID M 107 NE 1ST AVE OCALA FL VP	AND DIRECTORS DELÉTE	13. 11 TITLE 12 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 22 NAME 2.3 STREE 2.4 CITY 3.1 TITLE	ET ADDRESS SI-ZIP ET ADDRESS -SI-ZIP	***************************************	ERS AND	Change	Addit
HEF HAME HAME STHEET ADDRESS STLY-ST-ZIP HILE NAME STREET ADDRESS LITY-ST-ZP HILE HAME HAME	P BERRYHILL, MICHAEL W 107 NE 1ST AVE OCALA FL ST HOFFMAN, DAVID M 107 NE 1ST AVE OCALA FL VP CRABB, SUSAN D	AND DIRECTORS DELETE DELETE	13. 11 TITLE 12 NAME 13 STREE 14 CITY- 21 TITLE 22 NAME 23 STREE 2 4 CITY 31 TITLE 32 NAME	ET ADDRESS -ST-ZIP	***************************************	ERS AND	Change Change	Addit
HILE HAME STHEET ADDRESS OFY-ST-ZIP DILE NAME STREET ADDRESS OFY-ST-ZIP TITLE NAME STREET ADDRESS	P BERRYHILL, MICHAEL W 107 NE 1ST AVE OCALA FL ST HOFFMAN, DAVID M 107 NE 1ST AVE OCALA FL VP CRABB, SUSAN D 107 NE 1ST AVE	AND DIRECTORS DELETE DELETE	13. 11 TILE 12 NAME 13 STREE 14 CITY 21 TILE 22 NAME 23 STREE 24 CITY 31 TITLE 32 NAME 33 STREE	ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	***************************************	ERS AND	Change Change	Addit
ITE IAME STREET ADDRESS OTY - ST - ZIP OTTE NAME STREET ADDRESS OTTY - ST - ZIP ITTE IAME STREET ADDRESS OTTY - ST - ZIP	P BERRYHILL, MICHAEL W 107 NE 1ST AVE OCALA FL ST HOFFMAN, DAVID M 107 NE 1ST AVE OCALA FL VP CRABB, SUSAN D	AND DIRECTORS DELETE DELETE	13. 11 TITLE 12 NAME 13 STREE 14 CITY- 21 TITLE 22 NAME 23 STREE 2 4 CITY 31 TITLE 32 NAME	ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	***************************************	ERS AND	Change Change	Addit
HILE HAME STHEEF ADDRESS DITY-ST-ZIP DITE NAME STREET ADDRESS DITY-ST-ZIP HTTLE NAME STREET ADDRESS CITY-ST-ZIP DITLE	P BERRYHILL, MICHAEL W 107 NE 1ST AVE OCALA FL ST HOFFMAN, DAVID M 107 NE 1ST AVE OCALA FL VP CRABB, SUSAN D 107 NE 1ST AVE	AND DIRECTORS DELETE DELETE	13. 11 TILLE 12 NAME 13 STREE 14 CITY 21 TILLE 22 NAME 23 STREE 24 CITY 31 TITLE 32 NAME 33 STREE 34 CITY	ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	***************************************	ERS AND	Change Change Change	Addit
HILE HAME STHEET ADDRESS DITY-SI-ZIP DITE NAME STREET ADDRESS DITY-SI-ZIP HAME STREET ADDRESS CITY-SI-ZIP UITLE NAME STREET ADDRESS DITY-SI-ZIP UITLE NAME	P BERRYHILL, MICHAEL W 107 NE 1ST AVE OCALA FL ST HOFFMAN, DAVID M 107 NE 1ST AVE OCALA FL VP CRABB, SUSAN D 107 NE 1ST AVE	AND DIRECTORS DELETE DELETE	13. 11 TITLE 12 NAME 1.3 STREE 1.4 CITY 21 TITLE 22 NAME 23 STREE 2 4 CITY 3.1 TITLE 32 NAME 33 STREE 34. CITY 4.1 TITLE 4.2 NAME	ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	***************************************	ERS AND	Change Change Change	Addit
ITLE IAME STREET ADDRESS DITY-SI-ZP DITE NAME STREET ADDRESS DITY-SI-ZP UTLE IAME STREET ADDRESS DITY-SI-ZP UTLE IAME	P BERRYHILL, MICHAEL W 107 NE 1ST AVE OCALA FL ST HOFFMAN, DAVID M 107 NE 1ST AVE OCALA FL VP CRABB, SUSAN D 107 NE 1ST AVE	AND DIRECTORS DELETE DELETE DELETE	13. 11 TITLE 12 NAME 1.3 STREE 1.4 CITY- 21 TITLE 22 NAME 2.3 STREE 2 4 CITY 3.1 TITLE 32 NAME 33 STREE 34. CITY 4.1 TITLE 4. 2 NAME 4.3 STREE 4.4 CITY 4.5 TITLE 4.5 NAME 4.5 STREE 4.4 CITY	ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS ST-ZIP	***************************************	ERS AND	Change Change Change	Addit
ITLE IAME STREET ADDRESS DITY-SI-ZIP DITLE STREET ADDRESS DITY-SI-ZIP DITLE IAME STREET ADDRESS DITY-SI-ZIP DITLE IAME STREET ADDRESS DITY-SI-ZIP ITLE	P BERRYHILL, MICHAEL W 107 NE 1ST AVE OCALA FL ST HOFFMAN, DAVID M 107 NE 1ST AVE OCALA FL VP CRABB, SUSAN D 107 NE 1ST AVE	AND DIRECTORS DELETE DELETE	13. 11 TITLE 12 NAM 1.3 STREE 1.4 CITY- 2.1 TITLE 22 NAM 2.3 STREE 2.4 CITY 3.1 TITLE 32 NAME 33 STREE 34 CITY 4.1 TITLE 4.2 NAM 4.3 STREE 4.4 CITY 5.1 TITLE	ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS ST-ZIP	***************************************	ERS AND	Change Change Change	Addit
DITLE HAME STHEET ADDRESS DITY-ST-ZIP DITLE NAME STREET ADDRESS DITY-ST-ZIP DITLE NAME NAME NAME NAME NAME	P BERRYHILL, MICHAEL W 107 NE 1ST AVE OCALA FL ST HOFFMAN, DAVID M 107 NE 1ST AVE OCALA FL VP CRABB, SUSAN D 107 NE 1ST AVE	AND DIRECTORS DELETE DELETE DELETE	13. 11 TITLE 12 NAM 1.3 STREE 1.4 CITY 2.1 TITLE 22 NAM 23 STREE 2 4 CITY 3.1 TITLE 32 NAME 33 STREE 34 CITY 4.1 TITLE 4.2 NAME 4.4 CITY 5.1 TITLE	ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP E	***************************************	ERS AND	Change Change Change	Addit
HILE HAME STHEET ADDRESS OFY-ST-ZIP DILE NAME STREET ADDRESS OFY-ST-ZIP TITLE NAME STREET ADDRESS OFY-ST-ZIP DILE NAME STREET ADDRESS OFY-ST-ZIP DILE NAME STREET ADDRESS OFTY-ST-ZIP OFTLE NAME STREET ADDRESS OFTY-ST-ZIP	P BERRYHILL, MICHAEL W 107 NE 1ST AVE OCALA FL ST HOFFMAN, DAVID M 107 NE 1ST AVE OCALA FL VP CRABB, SUSAN D 107 NE 1ST AVE	AND DIRECTORS DELETE DELETE DELETE	13. 11 TILLE 12 NAME 13 STREE 14 CITY 21 TILLE 22 NAME 23 STREE 24 CITY 31 TITLE 32 NAME 33 STREE 34 CITY 41 TITLE 4. 2 NAME 43 STREE 44 CITY 51 TITLE 52 NAME 53 STREE	ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	***************************************	ERS AND	Change Change Change	Addit
ITHEF STREET ADDRESS OFTY-ST-ZIP OTHE NAME STREET ADDRESS OTTY-ST-ZIP	P BERRYHILL, MICHAEL W 107 NE 1ST AVE OCALA FL ST HOFFMAN, DAVID M 107 NE 1ST AVE OCALA FL VP CRABB, SUSAN D 107 NE 1ST AVE	DELETE DELETE DELETE DELETE	13. 11 TILLE 12 NAME 1.3 STREE 1.4 CITY 21 TILLE 22 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 32 NAME 33 STREE 34. CITY 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY	ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	***************************************	ERS AND	Change Change Change	Addit
THEE NAME STHEET ADDRESS CITY - ST - ZIP THEE	P BERRYHILL, MICHAEL W 107 NE 1ST AVE OCALA FL ST HOFFMAN, DAVID M 107 NE 1ST AVE OCALA FL VP CRABB, SUSAN D 107 NE 1ST AVE	AND DIRECTORS DELETE DELETE DELETE	13. 11 TILLE 12 NAME 13 STREE 14 CITY 21 TILLE 22 NAME 23 STREE 24 CITY 31 TITLE 32 NAME 33 STREE 34 CITY 41 TITLE 4. 2 NAME 43 STREE 44 CITY 51 TITLE 52 NAME 53 STREE	ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	***************************************	ERS AND	Change Change Change	Addit
HILE HAME STREET ADDRESS DITY-ST-ZIP DITE NAME STREET ADDRESS DITY-ST-ZIP HAME STREET ADDRESS DITY-ST-ZIP DITE HAME STREET ADDRESS DITY-ST-ZIP HAME STREET ADDRESS DITY-ST-ZIP	P BERRYHILL, MICHAEL W 107 NE 1ST AVE OCALA FL ST HOFFMAN, DAVID M 107 NE 1ST AVE OCALA FL VP CRABB, SUSAN D 107 NE 1ST AVE	DELETE DELETE DELETE DELETE	13. 11 TITLE 12 NAME 1.3 STREE 1.4 CITY 21 TITLE 22 NAME 23 STREE 2 4 CITY 3.1 TITLE 32 NAME 33 STREE 34. CITY 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY 5.1 TITLE 5.3 STREE 5.4 CITY 6.1 TITLE 6.2 NAME 6.2 NAME	ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	***************************************	ERS AND	Change Change Change	Addit

4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Hurther 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 rules empoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block of the corporation or on an absorption with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/97 (352) 622-4220