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

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

SIGNATURE:

DOZODOGRADES (E)

DOCUMENT#	F83000033000	Įΰ
1. Corporation Name		•

1. Corporation Name  CANTERBURY INVESTMENT CORP.  Principal Place of Business  S51 NEAPOLITAN LANE NAPLES FL 33940  Mailing Address  S51 NEAPOLITAN LANE NAPLES FL 33940				<del></del>					
US		US				3. Date incorporated or Qualified 07/29/1993	<b>3a</b> . Da	te of Last Ro )1/18/199	port 5
2. Principal Pla	ce of Business	2a. Mailing Address				4. FL1 Number 65-0436087	1	j 1	Applied For lot Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
2		27	<b></b>						dequired
City & State		City & State				Election Campaign Financing     Trust Fund Contribution			) May Be I to Fees
3 Zip	Country	Zip	Count	ry		8. This corporation has liability for	intangible		
4	25	29	30			Florida Statutes XX Yes	. □No		
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New	Registere	d Agent	
			8	1	Name				
	O, ANTHONY J		8:	2	Street Add	ress (P.O. Box Number is Not Accepta	ı'e)		
NAPLES	POLITAN LANE		8	2					
NAPLES	FL 33940			1					
			8	4	City	•	F	85 Zış	Code
SIGNATURE	n, and accept the obligations of, Sectionary, and accept the obligations of, Sectionary, and accept the obligations of printed name of registered agric  OFFICERS AN	t and tile Mapplicace (N ID DIRECTORS	OTE: Registered Ap		signaline to time	state remarks ADDITIONS/CHANGES TO OFF	CIATE	ND DIRECTO	RS IN 12
TITLE NAME STREET ADDRESS	GUALARIO, ANTHONY J 791 10TH ST. SOUTH NAPLES FL 33940	DECETE		E E I <i>A</i>	ADORESS			Cue ige	
CHY-ST-ZiP	NAPLES PL 33940	DELETE	1.4 CITY 2 1 TIFL		I - ZIF			Change	☐ Addition
TITLE			2 7 ML						
NAME STREET ADDRESS					ADDRESS				
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NAME			3.2 NAM	Ė					
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NAME			6 2 NAM	E					
STREFT ADDRESS					ADDRESS				
CITY-ST-ZIP	- A .	10 No. 2 Pro- 1 1 1 1 2 2 2	6 4 CHY			for the exemption stated in Continue 141	0.7(2)//2	Etarida Statid	os I further
certify that		nual report or supplementa; an oration or the receiver or trust	nual report is : ee empowere			for the exemption stated in Section 11state and that my signature shall have the his report as required by Chapter 607, for all 1.			

ANTHONY GUALARIO 114/96