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 # **P95000015155 (1)**

1. Corporation Name

CRANBERRY CORNERS ANTIQUES, INC.

Principal Place of Business	Mailing Address
203 E. HORATIO AVENUE MAITLAND FL 32751	203 E. HORATIO AVENUE MAITLAND FL 32751

3. Date Incorporated or Qualified: **02/23/1995**

3a. Date of Last Report:

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 59-3300246 ☐ 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

BURGUNDER, KARL
1757 W. BROADWAY
SUITE 4
OVIEDO FL 32765

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 _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	BAYFIELD, JOHN		1.2 NAME	JOHN BYFIELD	
STREET ADDRESS	525 MIDDLE ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	FARMINGTON CT 06032		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	P	☒ Change ☐ Addition
NAME	BYFIELD, PAMELA		2.2 NAME		
STREET ADDRESS	525 MIDDLE ROAD		2.3 STREET ADDRESS	425 SUN LAKE CIRCLE #209	
CITY-ST-ZIP	FARMINGTON CT 06032		2.4 CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	D	☐ DELETE	3.1 TITLE	V/D	☒ Change ☐ Addition
NAME	BYFIELD, STEPHEN		3.2 NAME		
STREET ADDRESS	15600 MAGNOLIA DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32789		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	~~D~~	☐ Change ☒ Addition
NAME			4.2 NAME	R LYNN BYFIELD	
STREET ADDRESS			4.3 STREET ADDRESS	660 MOURNING DOVE CIRCLE	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Pamela Byfield 4/3/96 407-644-0363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #