

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000096386 (4)

1. Corporation Name
STRAWBERRY SQUARE, INC.



Principal Place of Business: **4401 BOOT BAY ROAD PLANT CITY FL 33567**
Mailing Address: **4401 BOOT BAY ROAD PLANT CITY FL 33567**

2. Principal Place of Business (21-24) and Mailing Address (2a-30) fields for additional locations.

3. Date Incorporated or Qualified: **12/21/1995**
3a. Date of Last Report: **N/A**
4. FEET Number: **59-3349002**
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

**THOREEN, W. RICHARD
116 E ALTAMONTE DR
SUITE 210
ALTAMONTE SPRINGS FL 32701**

10. Name and Address of New Registered Agent (81-85)
81 Name: _____
82 Street Address (P.O. Box Number is Not Acceptable): _____
83 _____
84 City: _____
85 Zip Code: **FL**

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: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	THOMAS, W. THOMAS	
STREET ADDRESS	120 VINE STREET	
CITY-STATE-ZIP	PLANT CITY FL 33567	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FIEBIGER, PEARL R	
STREET ADDRESS	111 CROSS TRAIL	
CITY-STATE-ZIP	PLANT CITY FL 33567	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	NIEVES, OLGA R	
STREET ADDRESS	111 FLETCHER LANE	
CITY-STATE-ZIP	PLANT CITY FL 33567	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROGAT, STANLEY	
STREET ADDRESS	108 BYMAR DRIVE	
CITY-STATE-ZIP	PLANT CITY FL 33567	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORRIS, ROBERT D	
STREET ADDRESS	107 CROSS TRAIL	
CITY-STATE-ZIP	PLANT CITY FL 33567	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HEFFRON, CLIFFORD L	
STREET ADDRESS	110 BYMAR DRIVE	
CITY-STATE-ZIP	PLANT CITY FL 33567	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	THOMAS, PHILIP W.
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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)(c), 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: *Stanley Rogat*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 3, 1996 (813) 754-1956
DATE DAYTIME PHONE #

CR2E034 (12/95)