

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

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**Apr 04 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
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 33567-1311**

3. Date Incorporated or Qualified: **12/21/1995**  
3a. Date of Last Report: **04/08/1996**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>59-3349002</b>	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	Zip	28	Zip		Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	Country	29	Country	6.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	Country	30	Country			

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

81	Name	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	<b>FL</b>	

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: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>VD</b>
2.3 STREET ADDRESS	<b>TALBOT, RONALD</b>
2.4 CITY-ST-ZIP	<b>116 Allemande Drive Plant City, FL 33567</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>CT</b>
6.3 STREET ADDRESS	<b>ROGERS, ADA MAE</b>
6.4 CITY-ST-ZIP	<b>117 Allemande Drive Plant City, FL 33567</b>

14. 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. 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: *Olga R. Nieves* **OLGA R. NIEVES** Date: \_\_\_\_\_ Daytime Phone #: **813-752-0491**

CR2E034 (9/96)