

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

FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 12/21/1995	
4. FEI Number 59-3349002	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (Signature type or printed name of registered agent and filer if appropriate) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	THOMAS, PHILIP W.	
STREET ADDRESS	120 VINE STREET	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	TALBOT, RONALD	
STREET ADDRESS	116 ALLEMANDE DR	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	NIEVES, OLGA R	
STREET ADDRESS	111 FLETCHER LANE	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROGAT, STANLEY	
STREET ADDRESS	108 BYMAR DRIVE	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORRIS, ROBERT D	
STREET ADDRESS	107 CROSS TRAIL	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	CT	<input checked="" type="checkbox"/> DELETE
NAME	ROGERS, ADA MAE	
STREET ADDRESS	117 ALLEMANDE DR	
CITY-ST-ZIP	PLANT CITY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jarboe, Lloyd
2.3 STREET ADDRESS	C41 Circle Left
2.4 CITY-ST-ZIP	Plant City, FL 33567
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	Talbot, Ronald
6.3 STREET ADDRESS	116 Allemande Dr.
6.4 CITY-ST-ZIP	Plant City, FL

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Philip W. Thomas* PHILIP W. THOMAS, PRESIDENT 4/13/98 813-752-0491

CR2E034 (10/97)