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Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90020 002 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000096386

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**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/21/1995

4. FEI 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 owes the current year Intangible Personal Property Tax. Yes No

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

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

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

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 type="checkbox"/> DELETE
NAME	JARBOE, LLOYD	
STREET ADDRESS	C41 CIRCLE LEFT	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	NIEVES, OLGA R	
STREET ADDRESS	111 FLETCHER LANE	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ROGAT, STANLEY	
STREET ADDRESS	108 BYMAR DRIVE	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MORRIS, ROBERT D	
STREET ADDRESS	107 CROSS TRAIL	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	CT	<input type="checkbox"/> DELETE
NAME	TALBOT, RONALD	
STREET ADDRESS	116 ALLEMANDE DRIVE	
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 type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

See Attached List

14. I 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 with all other like empowered.

SIGNATURE: *Philip W. Thomas* (PHILIP W. THOMAS) 3/19/99 (813) 752-0491

CR2E034 (1/198)

DOC - P 95 0000 96386
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P D
THOMAS, PHILIP W.
120 VINE STREET
PLANT CITY, FL 33567

V D
JARBOE, LLOYD
C41 CIRCLE LEFT
PLANT CITY, FL 33567

T D
LUPIEN, PAT
206 VINE STREET
PLANT CITY, FL 33567

S D
RUPPEL, REBA
105 CROSSTRAIL
PLANT CITY, FL 33567

D
FIEBIGER, PEARL
111 CROSSTRAIL
PLANT CITY, FL 33567

D
LEIGHTON, BARBARA
106 BYMAR DRIVE
PLANT CITY, FL 33567

D
MURPHY, HANK
109 FLETCHER LANE
PLANT CITY, FL 33567

D
SCOTT, ANNA
112 BYMAR DRIVE
PLANT CITY, FL 33567

D
TALBOT, RON
116 ALLEMANDE DRIVE
PLANT CITY, FL 33567