

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

FILED

May 02 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 # P96000026130 (0)

1. Corporation Name

BERRY PATCH ENTERPRISES, INC.

Principal Place of Business

301 WEST 9TH AVENUE
HAVANA FL 32333

Mailing Address

POST OFFICE BOX 932
HAVANA FL 32333-0932



3. Date Incorporated or Qualified

03/25/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 117 6th AV. NW

26 PO BOX 932

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 HAVANA, FL

27

City & State

City & State

23 32333

28 HAVANA FL

Zip

Zip

Country

Country

24 Gadsden

29 32333 30 Gadsden

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERRY, JOEL R
301 WEST 9TH AVENUE
HAVANA FL 32333

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 607.0602 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

4-15-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President
NAME Joel R. Berry
STREET ADDRESS 117 6th AV
CITY-ST-ZIP HAVANA FL 32333

TITLE Vice President
NAME Ann F. Berry
STREET ADDRESS 117 6th AV
CITY-ST-ZIP HAVANA, FL 32333

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-97 904-539-8725

0060843

CR2E034 (9/96)