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

PROFIT FILED FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 97 MAY 12 PM 12: 05 DIVISION OF CORPORATIONS 1997 SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # (8) V23923 CANTERBROOK, INC. Principal Place of Business Mailing Address STAR ROUTE 2. BOX 54 STAR ROUTE 2. BOX 54 BRISTOL FL 32321 HI-WAY C-270 NORTH BRISTOL FL 32321-9703 3. Date Incorporated or Qualified 3a. Date of Last Report 03/24/1992 06/03/1996 FEI Number 🍶 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite. Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5,00 May Be 23 Trust Fund Contribution 28 Added to Fees Country Country Zio 8. This corporation has liability for intangible tax under s. 199.032, Yes Florida Statutes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 HATCHER, SAMUEL T HI-WAY C-270 NORTH 82 Street Address (P.O. Box Number is Not Acceptable) SWEETWATER COMMUNITY 83 **BRISTOL FL 32321** 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Stignature typest or printed non-e-philogostered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6)500002178895-044 -05/14/97--01103--009 **PVST** 101.8DELETE 1.1 TITLE NAME: HATCHER, SAMUEL T 1.2 NAME CR2E034 STAR ROUTE 2, BOX 54, HI-WAY C-270 NORTH ****165.00 ****165.00 1.3 STREET ADDRESS STREET ADDRESS **BRISTOL FL 32321** 1.4 CITY - ST - ZIP OHY-ST-ZIP DELETE Change Addition HH 2.1 TITLE HATCHER, SAMUEL T 22 NAME HAME STAR ROUTE 2, BOX 54, HI-WAY C-270 NORTH STREET ADDRESS 23 STREET ADDRESS **BRISTOL FL 32321** CHY-51-20 2 4 CITY-ST-ZIP DELETE Change Addition THEF 3 1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-\$T-ZIP 0117 - 83 - 76 DELETE Change Addition THLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST-ZIP CITY ST-70 DELETE Change Addition THEF 51 TITLE NAME 52 NAME STREET AODRESS 5.3 STREET ADDRESS 5.4 CITY-ST-2)P CITY - ST - ZIP DELETE ☐ Change Addition 6.1 TITLE TILLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 0(1Y - 53 - 7)P 6.4 CITY - ST - ZIP 14. If do hereby certify that the information supplied with this filling does not quainformation indicated on this annual report or supplemental annual report is I am an officer or director of the compiration of the receipt or trustee photo. for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the and accurate and that my signature shall have the same legal effect as if made under oath; that red to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if c SIGNATURE: 0050174