

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Matham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **383289** (6)

1. Corporation Name
FOREST HOPE, INC.



Principal Place of Business: **11820 TURKEY CREEK BLVD, 158 TURKEY CREEK, ALACHUA FL 32615-6513, US**
 Mailing Address: **11820 TURKEY CREEK BLVD, 158 TURKEY CREEK, ALACHUA FL 32615, US**

3. Date Incorporated or Qualified 06/02/1971	3a. Date of Last Report 04/12/1995
4. FEI Number 59-1382784	Applied For Not Applicable
5. Certificate of Status Desired <input 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 has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. State: Ala., etc.	26. State: Ala., etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

N FOREST HOPE, 2800 TURKEY CREEK BLVD, ALACHUA, FL, ALACHUA FL 32615

10. Name and Address of New Registered Agent

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

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 provisions of Sections 607.0505, Florida Statutes.

SIGNATURE: *N Forest Hope*

1-18-96

12. OFFICERS AND DIRECTORS

12.1 NAME: VPSD HOPE, NORWOOD W	<input type="checkbox"/> DELETE
12.2 STREET ADDRESS: 11820 TURKEY CREEK BLVD ALACHUA FL	
12.3 CITY, STATE, ZIP: PD ALACHUA FL	<input type="checkbox"/> DELETE
12.4 NAME: HOPE, N FOREST	
12.5 STREET ADDRESS: 11820 TURKEY CREEK BLVD ALACHUA FL	
12.6 CITY, STATE, ZIP: V ALACHUA FL	<input type="checkbox"/> DELETE
12.7 NAME: HOPE, PATRICIA W	
12.8 STREET ADDRESS: 11820 TURKEY CREEK BLVD ALACHUA FL	
12.9 CITY, STATE, ZIP: ALACHUA FL	<input type="checkbox"/> DELETE
12.10 NAME: ALACHUA FL	
12.11 STREET ADDRESS: ALACHUA FL	
12.12 CITY, STATE, ZIP: ALACHUA FL	<input type="checkbox"/> DELETE
12.13 NAME: ALACHUA FL	
12.14 STREET ADDRESS: ALACHUA FL	
12.15 CITY, STATE, ZIP: ALACHUA FL	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 TITLE	
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9 TITLE	
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.13 TITLE	
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(ank), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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, on an attached list with an address.

SIGNATURE: *N Forest Hope*

1-18-96 904 462 5400

CR2E034 (12/95)