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

PROFIT CORPORATION ANNUAL REPORT



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

1996

	GREENWOOD FARMS,	INC.	(5)				
Principal Place	of Business	Mailing Addr	ess		- I LOBALIF ALCOL LIDOL HADA DIODE A	HABI ABAR BUBAR BIJAR BIJAR B	
1135 ORANGE HILL RD CHPLEY FL 32428 US		1135 ORA CHIPLEY F	1135 ORANGE HILL RD CHIPLEY FL 32428 US				
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9 Principal Pla	ing of Rusingse	Las Mailna A	Admes		10/25/1972 4. FEI Number	06/13/1	T
2. Principal Place of Business		<b>⊢</b> -¬	2a. Mailing Address		59-1440880	<u></u>	Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Ap	t. #, etc.		5. Certificate of Status Desired	\$8.7	5 Additional
2		27			a. Certificate of Status Desired	Fe	e Required
City & State		City & Sta	nte		6. Election Campaign Financing		<b>00</b> May Be
Zip	Country	<b>28</b>	Cour	alor	Trust Fund Contribution  8. This corporation has liability for		ed to Fees
ון באיין וו	25	29	30	,		es No	8 199.002,
<b></b>	g. Name and Address of Cu	رنزور بهرد بالساد سوال بدوني			10. Name and Address of New	Registered Agent	
				81 Name			
SOLGER, M. DAVID 1135 ORANGE HILL RD					ress (P.O. Box Number is Not Accepta	able;	
					· · · · · · · · · · · · · · · · · · ·		
CHIPLEY	r,,FL 32428			83			
				84 City		<b>p</b> 85	Zıp Code
1 Pursuant to	n the provisions of Sections 607 C	0500 and 607 1508 FM		11		FL  °°	
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or registere	ed agent, or both, in the State of F	Florida, Such change v.	as authorized by the ci	re-named corpor orporation's boa	ration submits this statement for the part of directors. I hereby accept the ap	purpose or changing its pointment as register	s registered offici ed agent. I am
familiar with	h, and accept the obligations of, S	Florida, Such change v Section 607.0505, Flori	as authorized by the ci	/e-named corpoi orporation's boa	ration summits this statement for the pard of directors. I hereby accept the ap	ourpose er changing its opointment as register	s registered offici ed agent. I am
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oath, that I am an officer or director of the corporation or the receptor of 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:

INING OFFICE FOR DIRECTOR

4-30-96