

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sanders B. Northing
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K66678

(9)

1. Corporation Name

GREENRIDGE FARM, INC.

APPROVED AND FILED
95 APR 21 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

% TIMOTHY J. WARFEL
215 S. MONROE ST., SUITE 701
TALLAHASSEE FL 32301-1871

Mailing Address

% TIMOTHY J. WARFEL
215 S. MONROE ST., SUITE 701
TALLAHASSEE FL 32301-1871

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/17/1989

3a. Date of Last Report

08/15/1994

4. FEI Number

58-1830020

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 100.022,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

WARFEL, TIMOTHY J.
FIRST FLORIDA BANK BLDG., SUITE 701
415 SOUTH MONROE STREET
TALLAHASSEE FL 32302

10. Name and Address of New Registered Agent

C1 (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

William Lee Barwick Sr.

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-17-95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BARWICK, WILLIAM LEE, JR
STREET ADDRESS	RT. 1, BOX 1070
CITY - ST - ZIP	BOSTON GA
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME	Barwick, William Lee Jr	
1.3 STREET ADDRESS	4721 Ozell Road	
1.4 CITY - ST - ZIP	Boston, GA 31626	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

William Lee Barwick Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Lee Barwick Sr. Pres.

4-17-95

Date

912-226-8996

Daytime Phone #