

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **K83764** (6)

1. Corporation Name

**FOREST RIDGE CONSTRUCTION COMPANY**



Principal Place of Business

**312 SE 17TH STREET  
SUITE 300  
FT LAUDERDALE FL 33316**

Mailing Address

**312 SE 17TH STREET  
SUITE 300  
FT LAUDERDALE FL 33316**

3. Date Incorporated or Qualified

**04/27/1989**

3a. Date of Last Report

**03/13/1995**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**PALMER, CHARLES L.  
111 E LAS OLAS BLVD  
FT LAUDERDALE FL 33301**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**312 SE 17th St  
Suite 300**

83

84

**City Ft Lauderdale**

**FL**

85

Zip Code

**33316**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

**DC  
PALMER, CHARLES L.  
111 E LAS OLAS BLVD  
FT LAUDERDALE FL**

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

**P  
COLLINS, WALTER  
411 E LAS OLAS BLVD  
FT. LAUDERDALE FL**

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

**V  
CANTRELL, WILLIAM  
111 E LAS OLAS BLVD  
FT. LAUDERDALE FL**

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

**V  
WILSON, JOY  
111 E LAS OLAS BLVD  
FT. LAUDERDALE FL**

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

**S  
MCCLOSKEY, DONALD  
111 E LAS OLAS BLVD  
FT. LAUDERDALE FL**

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

**AS  
MOIR, SHARON  
111 E LAS OLAS BLVD  
FT. LAUDERDALE FL**

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

**312 SE 17th St Suite 300**

2.1 TITLE

☒ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

**312 SE 17th St Suite 300**

3.1 TITLE

☒ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

**312 SE 17th St Suite 300**

4.1 TITLE

☒ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

**312 SE 17th St Suite 300**

5.1 TITLE

☒ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

**312 SE 17th St Suite 300**

6.1 TITLE

☒ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

**312 SE 17th St Suite 300**

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 119.07(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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2-6-96**

**954-  
463-0681**

CR2E034 (12/95)