FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 AUG 27 AM 11:57

DOCUMENT # **L00037** **(6)**

1. Corporation Name

TIMBER RIDGE MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
7 N. MAIN ST. WEST HARTFORD CT 06107	7 N. MAIN ST. WEST HARTFORD CT 06107

3. Date Incorporated or Qualified: **07/06/1989**
3a. Date of Last Report: **04/17/1995**

2. Principal Place of Business (21): 2a. Mailing Address (26):
Suite, Apt. #, etc (22): Suite, Apt. #, etc (27):
City & State (23): City & State (28):
Zip (24): Country (25): Zip (29): Country (30):

4. FEI Number: **58-1855470** ☐ 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

9. Name and Address of Current Registered Agent

BROWN, DAVID
390 N. ORANGE AVE., #1100
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, JOHN C		1.2 NAME	
STREET ADDRESS	11 PETTIPAUG AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP	OLD SAYBROOK CT 06475		1.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KAKI, A		2.2 NAME	
STREET ADDRESS	5 PETTIPAUG AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP	OLD SAYBROOK CT 06475		2.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CARLONE, CAROL		3.2 NAME	
STREET ADDRESS	71 BUTTERNUT LANE		3.3 STREET ADDRESS	
CITY-ST-ZIP	BRISTOL CT 06010		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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OR 8130

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: John C. Wilson III Director 3/6/96 (860) 521-6020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)