SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P07663** **(8)**

1. Corporation Name

THORNWOOD FARMS, INC.

Principal Place of Business	Mailing Address
32 DOVER PT.ROAD POST OFFICE BOX 1678 DOVER NH 03820-4687	1913 MISS. AVENUE ~~POST OFFICE BOX 1678~~ GROVE CITY FL 34224 US

	3. Date Incorporated or Qualified	3a. Date of Last Report
	10/07/1985	02/06/1995

	2a. Mailing Address
2. Principal Place of Business	
21 1913 Miss. Ave	26 1913 Miss. Ave
Suite, Apt. #, etc. 22 Grove City	Suite, Apt. #, etc. 27 Grove City
City & State 23 Fla	City & State 28 Fla
Zip 24 34224 Country 25 Charlotte	Zip 29 34224 Country 30 Charlotte

4. FEI Number 02-0360208 ☐ 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	10. Name and Address of New Registered Agent
WILLIAMS, MATT R. JR. 1913 MISSISSIPPI AVE. GROVE CITY FL 33533	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PDT MCGEARY, BONNYE W DOVER POINT ROAD DOVER NH	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PDT McGeary, Bonnye W 1913 Miss. Ave Grove City Fla 34224	☒ Change Address ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT MCGEARY, BONNYE W. 34 DOVER PT. ROAD DOVER NH	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	PT McGeary, Bonnye W 1913 Miss Ave Grove City Fla 34224	☒ Change Address ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS WILLIAMS, HELEN R 1913 MISSISSIPPI AVENUE ENGLEWOOD FL	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Helen R Williams 6-17-96 941-697-5169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Helen R Williams