SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGU[illegible]7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RU[illegible]STATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P93000024098 (4)**

1. Corporation Name
TORREY S CREST, INC.

Principal Place of Business	Mailing Address
ROUTE 1 BOX 238 WAUCHULA FL 33873	ROUTE 1 BOX 238 WAUCHULA FL 33873

2. Principal Place of Business 21 208 East Orange St.	2a. Mailing Address 26 208 East Orange St.
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 Wauchula, FL	City & State 28 Wauchula, FL
Zip / Country 24 33873 / 25 Hardee	Zip / Country 29 33873 / 30 Hardee

3. Date Incorporated or Qualified: 03/29/1993
3a. Date of Last Report: 07/25/1995
4. FEI Number: 65-0395243 ☐ 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

SMITH, JOSEPH F
ROUTE 1
BOX 238
WAUCHULA FL 33873

10. Name and Address of New Registered Agent

81 Name: Smith, Joseph F.
82 Street Address (P.O. Box Number is Not Acceptable): 208 East Orange St.
83
84 City: Wauchula FL 85 Zip Code: 33873

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: Joseph F. Smith Joseph F. Smith Dir. 6/10/96
Signature, type or print name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, JOSEPH F RT. 1 BOX 238 WAUCHULA FL 33873	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Addition D Smith, Joseph F. 208 East Orange St. Wauchula, FL 33873
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHEPARD, LEROY RT.1 BOX 46 H BOWLING GREEN FL 33834	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: Joseph F. Smith Joseph F. Smith 6/10/96 (941) 773-4440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #