

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 # P94000034380 (3)

1. Corporation Name

FORRESTER INVESTMENT, INC.



Principal Place of Business

Mailing Address

905 NE SANTA FE BLVD  
HIGH SPRINGS FL 32643  
US

P O BOX 1007  
HIGH SPRINGS FL 32643  
US

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

FORRESTER, JAMES P  
905 NE SANTA FE BLVD  
HIGH SPRINGS FL 32643

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified  
05/02/1994

3a. Date of Last Report  
06/23/1995

4. FEI Number

59-3246113

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

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 type: For principal name of registered agent and the applicable

(Do not: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DPVS  
FORRESTER, JAMES P  
905 NE SANTA FE BLVD  
HIGH SPRINGS FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

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TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

Change ☐ Addition ☐

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

Change ☐ Addition ☐

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

Change ☐ Addition ☐

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

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5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

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6.1 TITLE  
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6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

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7.1 TITLE  
7.2 NAME  
7.3 STREET ADDRESS  
7.4 CITY - ST - ZIP

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8.1 TITLE  
8.2 NAME  
8.3 STREET ADDRESS  
8.4 CITY - ST - ZIP

Change ☐ Addition ☐

9.1 TITLE  
9.2 NAME  
9.3 STREET ADDRESS  
9.4 CITY - ST - ZIP

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10.1 TITLE  
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10.4 CITY - ST - ZIP

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11.1 TITLE  
11.2 NAME  
11.3 STREET ADDRESS  
11.4 CITY - ST - ZIP

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12.1 TITLE  
12.2 NAME  
12.3 STREET ADDRESS  
12.4 CITY - ST - ZIP

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13.1 TITLE  
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13.3 STREET ADDRESS  
13.4 CITY - ST - ZIP

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14.1 TITLE  
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14.3 STREET ADDRESS  
14.4 CITY - ST - ZIP

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15.1 TITLE  
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15.3 STREET ADDRESS  
15.4 CITY - ST - ZIP

Change ☐ Addition ☐

16.1 TITLE  
16.2 NAME  
16.3 STREET ADDRESS  
16.4 CITY - ST - ZIP

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17.1 TITLE  
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17.3 STREET ADDRESS  
17.4 CITY - ST - ZIP

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18.1 TITLE  
18.2 NAME  
18.3 STREET ADDRESS  
18.4 CITY - ST - ZIP

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19.1 TITLE  
19.2 NAME  
19.3 STREET ADDRESS  
19.4 CITY - ST - ZIP

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20.1 TITLE  
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20.3 STREET ADDRESS  
20.4 CITY - ST - ZIP

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21.1 TITLE  
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21.3 STREET ADDRESS  
21.4 CITY - ST - ZIP

Change ☐ Addition ☐

22.1 TITLE  
22.2 NAME  
22.3 STREET ADDRESS  
22.4 CITY - ST - ZIP

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23.1 TITLE  
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23.3 STREET ADDRESS  
23.4 CITY - ST - ZIP

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24.3 STREET ADDRESS  
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25.1 TITLE  
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26.3 STREET ADDRESS  
26.4 CITY - ST - ZIP

Change ☐ Addition ☐

27.1 TITLE  
27.2 NAME  
27.3 STREET ADDRESS  
27.4 CITY - ST - ZIP

Change ☐ Addition ☐

28.1 TITLE  
28.2 NAME  
28.3 STREET ADDRESS  
28.4 CITY - ST - ZIP

Change ☐ Addition ☐

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES P FORRESTER P-8-96

904-454-1488

Daytime Phone: 904-454-1488

CP2E034 (3/96)