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 # **P94000063718 (8)**

1. Corporation Name
FOREST RIDGE FARMS, INC.

Principal Place of Business	Mailing Address
424 28TH STREET WEST PALM BEACH FL 33407	424 28TH STREET WEST PALM BEACH FL 33407

2. Principal Place of Business 21 2448 D Road	2a. Mailing Address 26 Same As Above
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Loxahatchee, FL.	City & State 28
Zip / Country 24 33470 / 25 USA	Zip / Country 29 / 30

3. Date Incorporated or Qualified 08/25/1994	3a. Date of Last Report 01/02/1996
4. FEI Number 65-0518680	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

TWISS, DAVID J
424 28TH STREET
WEST PALM BEACH FL 33407

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 _____ (If changing Registered Agent, Signature of New Registered Agent required) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	TWISS, DAVID J		1.2 NAME	DAVID J. TWISS	
STREET ADDRESS	14577 SOUTHERN BLVD		1.3 STREET ADDRESS	424 28TH. STREET	
CITY-ST-ZIP	LOXAHATCHEE FL 33470		1.4 CITY-ST-ZIP	WEST PALM BEACH, FL. 33407	
TITLE	D	☐ DELETE	2.1 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	IRELAND, THOMAS		2.2 NAME	THOMAS IRELAND III	
STREET ADDRESS	14577 SOUTHERN BLVD		2.3 STREET ADDRESS	33 RIVER RIDGE TRAIL	
CITY-ST-ZIP	LOXAHATCHEE FL 33470		2.4 CITY-ST-ZIP	ORMOND BEACH, FL. 32174	
TITLE	D	☐ DELETE	3.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	IRELAND, LINDA		3.2 NAME	LINDA IRELAND	
STREET ADDRESS	14577 SOUTHERN BLVD		3.3 STREET ADDRESS	33 RIVER RIDGE TRAIL	
CITY-ST-ZIP	LOXAHATCHEE FL 33470		3.4 CITY-ST-ZIP	ORMOND BEACH, FL. 32174	
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		

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: V.P. David J. Twiss 6/2/96 407-753-0030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #