FILE NOW: FILING FEE AFTER MAY 1ST $550.00

FILED
Aug 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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
14810 Horseshoe Trace Wellington FL 33414	14810 Horseshoe Trace Wellington FL 33414

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 8/25/94 6/25/97

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 14810 Horseshoe Trace
Suite, Apt. #, etc.
27
City & State
28 Wellington FL 33414
Zip 29 Country 30

4. FEI Number: 65-05-18680 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

David J. Twiss
424 28th Street
West Palm Beach FL 33407

10. Name and Address of New Registered Agent

81 Name: Linda F. Ireland
82 Street Address (P.O. Box Number is Not Acceptable): 14810 Horseshoe Trace
83
84 City: Wellington FL 85 Zip Code: 33414

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: Linda F. Ireland 8/5/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	Linda F. Ireland	12 NAME	
STREET ADDRESS	14810 Horseshoe Trace	13 STREET ADDRESS	
CITY-ST-ZIP	Wellington FL 33414	14 CITY-ST-ZIP	
TITLE	S ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	Thomas S. Ireland	22 NAME	
STREET ADDRESS	14810 Horseshoe Trace	23 STREET ADDRESS	
CITY-ST-ZIP	Wellington FL 33414	24 CITY-ST-ZIP	
TITLE	V ☒ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	David J. Twiss	32 NAME	
STREET ADDRESS	424 28th Street	33 STREET ADDRESS	
CITY-ST-ZIP	West Palm Beach FL	34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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***550.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Linda F. Ireland President 8/5/98 561-792-3345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)