FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

| DOCUMENT # | P94000076401 (6) | | | | | | | |
|-----------------------------|------------------------|--|--|--|--|--|--|--|
| FAR REACH INVEST | EACH INVESTMENTS, INC. | | | | | | | |
| Principal Place of Business | Mailing Address | | | | | | | |
| 801 WEST WASHINGTON STRE | ET P.O. BOX 393 | | | | | | | |



| 801 WEST W LAKE CITY F | VASHINGTON STREET FL 32055 | P.O. BOX 393 LAKE CITY FL 32 | 1056 | | | | | | |
|---|---|--|---------------------------|---------------------------------------|---|---|-----------------------------------|--|--|
| | | | | | 3. Date Incorporated or Qualified 10/17/1994 | 3a. Date of Last 07/10/19 | | | |
| | | 2a. Mailing Address | Mailing Address | | 4. FEI Number | | Applied For | | |
| 21 26 | | 26 | 6 | | | | Not Applicable | | |
| Suite, Apt. #, etc | | Suite, Apt. #, et | Suite, Apt. #, etc. 27 | | 5. Certificate of Status Desired | | \$8.75 Additional Fee Required | | |
| Cty & State | | City & State | , | | Election Campaign Financing Trust Fund Contribution | S5.00 May Be Added to Fees | | | |
| Zip 24 | Country 25 | Z _I p 29 | Country 30 | <i>;</i> | | This corporation has liability for intangible tax under s 199.032, Florida Statutes | | | |
| | g. Name and Addres | s of Current Registered Agent | | | 10. Name and Address of New R | egistered Agent | | | |
| | | | 81 | Name | | | | | |
| DAVIS, ROGER W RT. 12 BOX 57 | | | 82 | Street Add | ddress (P.O. Box Number is Not Acceptable) | | | | |
| PRICE (| Creek Hwy. | | 83 | | | | | | |
| LAKE CITY FL 32025 | | | 84 | City | | FL 85 2 | ip 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 | | | | | | | | | |
| | CONTRACTOR | registered agent and title if applicance. FICERS AND DIRECTORS | NOTE Registered Agr | nt signaturi, regioni | | DATE | ODC IN 10 | | |
| 12. Tiřlé | PD | DELETE | 13. | T | ADDITIONS/CHANGES TO OFFI | CERS AND DIRECT | | | |
| NAME | DAVIS, ROGER W | | 12 NAME | | | change | | | |
| STREET ADDRESS | ROUTE 12, BOX 5 | 7 | | T ADDRESS | | | | | |
| CITY-ST-ZIP | LAKE CITY FL 320 | | 140/IY- | - 1 | | | | | |
| TITLE | STD | [] DELETE | | | | Change | Addition ' | | |
| NAME | BREWER, FORD | | | | | | | | |
| STREET ADDRESS | | | 2 3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | LAKE CITY FL 320 | 25 | 24 CITY - | | | | | | |
| THILE | | ☐ DELETE | 3 1 TPUF | 3 -211 | | Change | Addition | | |
| NAME | | _ | 3.2 NAME | | | | _ | | |
| STREET ADORESS | | | | EL ADDRESS | | | | | |
| CITY - ST - ZIP | | | 34 C/TY - | | | | | | |
| TITLE | | DE:ETE | 4 1 TIFLE | · · · · · · · · · · · · · · · · · · · | | Change | Addition | | |
| NAME | | | 4.2 NAME | | | | ļ | | |
| STREET ADDRESS | | | 43 STHEE | LADDRESS | | | | | |
| CiTY+ST-ZIP | | | 4.4 CITY - | \$:-7.P | | | | | |
| turae | | DELETE | 5 1 TITLE | | | ☐ Change | ☐ Addition | | |
| NAME | | | 5.2 NAME | | | | | | |
| STREET ADDRESS | | | 53 STREE | T ADDRESS | | | | | |
| CHY-ST-ZIP | | | 5.4 CITY | ST-ZIP | | | | | |
| THEF | | ☐ DELETE | 6 1 TITLE | | | ☐ Change | Addition | | |
| NAME | • | | 6.2 NAME | | | | | | |
| STREET ADDRESS | | | 63 STREE | T ADDRESS | | | | | |
| CITY-ST-ZIP | l | | 64 CITY - | S*-ZIP | | | | | |
| 14. I do hereb | y certify that the information | on supplied with this filing is voluntarily | y furnished and doo | es not qualify | for the exemption stated in Section 119. | 07(3)(k), Florida State | utes. I further | | |

certify that the information indicated on this annual report or supplemental arru does not quality for the exemption stated in Section 119.0/(3)(k), Florida Statutes. Hurther certify that the information indicated on this annual report or supplemental arrural 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 3 if changed, expon an attachment with an address.

SIGNATURE:

Toul Viewer

Sec Tree

Sec Tree

Sec Tree

Brown Brown