

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 JAN 31 AM 9:58

**DOCUMENT # 402274 (5)**

1. Corporation Name  
**A.W. RIDGWAY, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business: 1300 THIRD ST S, NAPLES FL 33940 US  
Mailing Address: 3050 N HORSESHOE DR #172, NAPLES FL 33942 US

3. Date Incorporated or Qualified: 06/01/1972  
3a. Date of Last Report: 03/08/1994  
4. FEI Number: 59-1399342  
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. 109.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
Suite, Apt. #, etc.: 22  
City & State: 23  
Zip: 24 Country: 25  
City & State: 27  
Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
**RIDGWAY, A W  
2455 LANTERN LANE  
NAPLES, FL  
33940**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when translating)

**12. OFFICERS AND DIRECTORS**

TITLE	VD
NAME	BROWN, A BEIRNE
STREET ADDRESS	350 3RD AVE., S. #3A
CITY-ST-ZIP	NAPLES, FL 00000
TITLE	D
NAME	COATES, S. BRUCE
STREET ADDRESS	3001 BAILEY LANE
CITY-ST-ZIP	NAPLES, FL 00000
TITLE	TS
NAME	RIDGWAY, SARAH G
STREET ADDRESS	2455 LANTERN LANE
CITY-ST-ZIP	NAPLES, FL 00000
TITLE	PD
NAME	RIDGWAY, A W
STREET ADDRESS	2455 LANTERN LANE
CITY-ST-ZIP	NAPLES, FL 00000
TITLE	D
NAME	HONEYCUTT, SUZANNE
STREET ADDRESS	7011 SANDLEWOOD LANE
CITY-ST-ZIP	NAPLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: S. Coates Date: 1/26/95 System Name: 813-643-3300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR