

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 22 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 # 402274 (5)
 1. Corporation Name
A.W. RIDGWAY, INC.



Principal Place of Business: **1300 THIRD ST S NAPLES FL 33940 US**
 Mailing Address: **3050 N HORSESHOE DR #150 NAPLES FL 34104 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	06/01/1972	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	59-1399342	
24	Country	29	Country	Applied For	
		30		Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RIDGWAY, A W 2455 LANTERN LANE NAPLES, FL 33940				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD BROWN, A BEIRNE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	777 CENTRAL AVE	1.2 NAME	
STREET ADDRESS	MIAMI FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D COATES, S. BRUCE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3001 BAILEY LANE	2.2 NAME	
STREET ADDRESS	NAPLES, FL 00000	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TS RIDGWAY, SARAH G	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2455 LANTERN LANE	3.2 NAME	
STREET ADDRESS	NAPLES, FL 00000	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	PD RIDGWAY, A W	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2455 LANTERN LANE	4.2 NAME	
STREET ADDRESS	NAPLES, FL 00000	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D HONEYCUTT, SUZANNE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7011 SANDLEWOOD LANE	5.2 NAME	
STREET ADDRESS	NAPLES FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *[Handwritten Signature]*

CR2E034 (10/97)