

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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90078 025 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 402274

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

Principal Place of Business 1300 THIRD ST S NAPLES FL 34102 US	Mailing Address 3050 N HORSESHOE DR #150 NAPLES FL 34104 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/01/1972	4. FEI Number 59-1399342	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23 Zip Country	28 Zip Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		
24 34102	25	29	30	

9. Name and Address of Current Registered Agent

RIDGWAY, A W
2455 LANTERN LANE
NAPLES, FL
34102

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
662 Coral Dr.

83

84 City **FL** 85 Zip Code **34102**

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: *A.W. Ridgway* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	VD	<input type="checkbox"/>
NAME	BROWN, A BEIRNE	
STREET ADDRESS	777 CENTRAL AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	TS	<input type="checkbox"/>
NAME	RIDGWAY, SARAH G	
STREET ADDRESS	2455 LANTERN LANE	
CITY-ST-ZIP	NAPLES, FL 00000	
TITLE	PD	<input type="checkbox"/>
NAME	RIDGWAY, A W	
STREET ADDRESS	2455 LANTERN LANE	
CITY-ST-ZIP	NAPLES, FL 00000	
TITLE	D	<input type="checkbox"/>
NAME	HONEYCUTT, SUZANNE	
STREET ADDRESS	7011 SANDLEWOOD LANE	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP	Naples 34102		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS	662 Coral Dr.		
2.4 CITY-ST-ZIP	34102		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS	662 Coral Dr		
3.4 CITY-ST-ZIP	34102		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP	34109		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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, with all other like empowered.

SIGNATURE: *A.W. Ridgway* Date: 2/26/99 Daytime Phone #: 941-262-5580

CR2E034 (11/98)