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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 633355

(3)

FILED Apr 30 1998 8:00am Secretary of State

RIDGE	CITRUS CORPORATION	• •	•				
Principal Plac	e of Business	Mailing Address			—		EN 808 % Dir ik 8 08 1
1304 MIRROR TERRACE. N.W. 1304 MIRROR TERRACE. N.W. WINTER HAVEN FL 33881 WINTER HAVEN FL 33881				DO NOT WRITE	E IN THIS SPACE		
					3. Date Incorporated or Qualified		
					08/21/1979		
	Principal Place of Business 2a, Mailing Address		S \$	and the property	FEI Number	L	Applied For
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		59-1934008		Not Applicable	
22		— ` ` ·	27		5. Certificate of Status Desired	1 1 7 -	.75 Additional see Required
Clty & State		City & State		6. Election Campaign Financing	\$!	5.00 May Be	
23		28		Trust Fund Contribution		dded to Fees	
Zip	Country	Zıp	Country		8. This corporation owes or has pa		
24	25	29	30		Personal Property Tax due June		□ No
	g. Name and Address of Curre	nt Registered Agent		41	10. Name and Address of New Re	gistered Agent	
MAROTTI, CAROL C.				81 Name			
1304 MIRROR TERRACE N.W. WINTER HAVEN FL			82 Street Addr	ess (P.O. Box Number is Not Acceptat	ble)		
			83	·			
			84 City		F1 85	Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the ab office or registered agent, or both, in the State of Florida. Such change was authorized agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statu				bove-named corp d by the corporat lutes.	coration submits this statement for the prior's board of directors. I hereby acceptance		ging its registered ent as registered
SIGNATURE	Signature, typed or pointed name of registered ag	ent and litto if applicable	(NOTE Registorer	d Agent signature requir	ad when reinstaling)	DATE	
12.		ID DIRECTORS	13.	45.	ADDITIONS/CHANGES TO OFFIC		CTORS IN 12
TITLE	PD	DEL		TLE		☐ Ch	
NAME	MAROTTI, LEWIS E		1.2 NA	AME			
STREET ADDRESS	1304 MIRROR TERRACE N.W	! .	1.3 ST	REET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN, FL 00000		1.4 CI	TY-ST-ZIP			
TITLE	DST	☐ DEL	ETE 2.1 T/	TLE		Ch	nange Addition
NAME	MAROTTI, CAROL C		2.2 NA	VME			
STREET ADDRESS	1304 MIRROR TERRACE N.W	! .	2.3 ST	REET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN, FL 00000		2.40	ITY-ST-ZIP			
TITLE		☐ DEL	ETE 3.1 To	TLF		☐ Ch	nange Addition
NAME			3.2 NA	AME			
STREET ADDRESS			3.3 ST	REET ADDRESS			
CITY-ST-ZIP			3.4, O	ITY-ST-ZIP			
TITLE		☐ DEŁ	ETE 4.1 TO	TLE		☐ Ch	ange Addition
NAME			4.2 N	AME			
STREET ADDRESS			4.3 ST	REET ADDRESS			
CITY-ST-ZIP			4.4 CF	TY-ST-ZIP			
TITLE		☐ DEL				☐ Ch	ange Addition
NAME	, \$ -\$		5.2 NA	AME .			-
STREET ADDRESS			5.3 ST	REET ADDRESS			1
NEW 67 7/0			1				

14. 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 chapted or on an attachment with an address.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

DELETE

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

ewis E. Maiotts

lowis E. Montte

4/24/98

041-292.8044

Addition