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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90287 014 ***150.00

DOCUMENT # 633355

1. Corporation Name

RIDGE CITRUS CORPORATION

						<u> </u>	AN OLON BIBLI BIBLI B	ABI 1919 ISBN 1918
Principal Place of Business Mailing Address						1		
1304 MIRROR TERRACE, N.W. 1304 MIRROR TERRACE, N.W.				l.				
WINTER HAVEN FL 33881		WINTER HAVEN FL 33881				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						08/21/1979		
2. Principal ?	lace of Business	2a. Mailing Address				4. FEI Number	Apr	pli∌d For
21		26				59-1934008	Not	t / pplicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifca e of Status Desired	\$8.75 A	1
22		27				J. Certifica e of Status Desired	Fee Re	guired
City & Stat	e	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added to	o Fees
Zip	Country Zip Cou		intry		8. This corporation owes the current year	Intangible	al.	
24	25 29 30		30					No
	9. Name and Address of Curren	t Registered Agent			<u>. </u>	10. Name and Address of New Register	ed Agent	
MAD	OTTI, CAROL C.			81	Name			ľ
	MIRROR TERRACE N.W.			82	Street Ad Ir	et Ad Iress (P.O. Box Number is Not Acceptable)		
				\perp				
AAIGA	TER HAVEN FL		•	83		,		. [
				84	City		85 Zip C	Code
	÷ .	* **	•	1	• .	oration submits this statement for the purpose	╸┕╎│	, ,
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	o Florida, Such change was tions of, Section 607.0505, F	authorized Jurida Stat	d by the	e corporatio	on's board of cirectors, I nereby accept the ap	opointment as reg	rstered
	Signature, typed or printed na ne of registered ager		Til: Registered	Agent si	ignature require	d when reinstating) DATE ADDITICINS/CHANGES TO OFFICERS		ES IN 12
12.		ID DIRECTORS	13. 11TI			ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	PD	L. DELETE			1			
NAME	MAROTTI, LEWIS E		12 N		<u>. </u>			
STREET ADDRESS			TREET AS	- !				
CITY-ST-ZIP				ITY-ST-Z	<u> </u>		Change	Addition
TITLE	DST	□ Dereie	2.1 Tf				Change	
NAME	MAROTTI, CAROL C		2 2 N					
STREET ADORESS			TREET AL	Ì			1	
CITY-ST-ZIP			TY-ST-	ZIP		Change	Addition	
TITLE		_		TLE			Change	
NAME			3.2 No					
STREET ADDRESS			1	TREET AL				
CITY-\$T-ZIP		DELETE		TY-ST-	ZIP		Change	Addition
TITLE		☐ NETE IF	4.1 TI				L] Cilalige	L. Would
NAME			4.2 N					ľ
STREET ADDRESS				TREET AL	j j			
CITY-ST-ZIP		□ pc: cre		ITY-ST-Z	ZIP		Change	Addition
TITLE	-	☐ DELETE	5.1 TU				∟_ ∪nange	☐ ₩
NAME	}		5.2 N		DDDEEC			
STREET ADDR :SS			1	TREET AL	-			
CITY-ST-ZIP	,			ITY-ST-Z	(IP	·	FIChoose	Addition
TITLE		☐ DELETE	61 TI		-		Change	☐ Addition
NAME			6,2 N	AME				1

64 CITY-ST-ZIP 14. I here by 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 from an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADORESS

841-293-8944

CR2E034 (11/98)