

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
 95 APR 14 AM 9:20

**CORPORATION**  
**ANNUAL REPORT**  
**1995.**



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

**DOCUMENT # N93000001820 (0)**

1. Corporation Name

**WEDGEWOOD IV, INC.**

Principal Place of Business

Mailing Address

13500 WORTHINGTON WAY  
 BONITA SPRINGS FL 33923  
 US

13500 WORTHINGTON WAY  
 BONITA SPRINGS FL 33923  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/23/1993** 3a. Date of Last Report **03/03/1994**

4. FEI Number **65-0405786** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRUGGER, JOHN N**  
**600 FIFTH AVE S**  
**SUITE 210**  
**NAPLES FL 33940**

81 Name **Debra Aldridge**  
 82 Street Address (P.O. Box Number is Not Acceptable) **Worthington Country Club**  
 83 **13500 Worthington Way**  
 84 City **Bonita Springs FL** 85 Zip Code **33923**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE) Registered Agent signature required when reinstating

DATE

*Debra Aldridge*

**3-30-95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>DSV</b>
NAME	<b>DARRAGH, JEFF</b>
STREET ADDRESS	<b>13500 WORTHINGTON WAY</b>
CITY - ST - ZIP	<b>BONITA SPRINGS FL</b>
TITLE	<b>DP</b>
NAME	<b>HARDY, PAUL</b>
STREET ADDRESS	<b>13500 WORTHINGTON WAY</b>
CITY - ST - ZIP	<b>BONITA SPRINGS FL</b>
TITLE	<b>DTV</b>
NAME	<b>TOLSON, RENEE</b>
STREET ADDRESS	<b>13500 WORTHINGTON WAY</b>
CITY - ST - ZIP	<b>BONITA SPRINGS FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>D/S/V</b>
1.3 STREET ADDRESS	<b>Moylan, Patricia</b>
1.4 CITY - ST - ZIP	<b>13500 Worthington Way</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>D/P</b>
2.3 STREET ADDRESS	<b>Miller, Donald</b>
2.4 CITY - ST - ZIP	<b>13500 Worthington Way</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>D/T/V</b>
3.3 STREET ADDRESS	<b>Cappadonia, Frank</b>
3.4 CITY - ST - ZIP	<b>13500 Worthington Way</b>
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)(b), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Donald Miller*

**3-30-95**

**813-495-0244**

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Date

Daytime Phone #

**Donald Miller**