

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED**

**95 MAY -1 AM 1:12**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # P94000036694 (5)**

1. Corporation Name

**FALCON RIDGE DEVELOPMENT CORPORATION**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
~~XXXXXXXXXXXXXXXXXXXX~~ ~~XXXXXXXXXXXXXXXXXXXX~~  
~~XXXXXXXXXXXXXXXXXXXX~~ ~~XXXXXXXXXXXXXXXXXXXX~~  
~~XXXXXXXXXXXXXXXXXXXX~~ ~~XXXXXXXXXXXXXXXXXXXX~~

3. Date Incorporated or Qualified <b>05/16/1994</b>	3a. Date of Last Report
4. FEI Number <b>65-0490905</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>10681 Regent Circle</b>	2a. Mailing Address 26 <b>Post Office Box 420207</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 <b>Naples, FL 33942</b>	City & State 28 <b>Naples, FL 33942</b>
Zip 24 <b>33942</b>	Country 25 <b>USA</b>
Zip 29 <b>33942</b>	Country 30 <b>USA</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>LOCKER, JOSEPH R JR. 2150 GOODLETTE RD. 6TH FLOOR NAPLES FL 33940</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 85 Zip Code

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 resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		11 TITLE	<b>PD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		12 NAME	<b>PARADIS, JAMES F.</b>
STREET ADDRESS		13 STREET ADDRESS	<b>10681 REGENT CIRCLE</b>
CITY - ST - ZIP		14 CITY - ST - ZIP	<b>NAPLES, FL 33942</b>
TITLE		21 TITLE	<b>VPD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME	<b>RYAN, GEORGE, SR.</b>
STREET ADDRESS		23 STREET ADDRESS	<b>555 HERON POINT ROAD</b>
CITY - ST - ZIP		24 CITY - ST - ZIP	<b>NAPLES, FL 33963</b>
TITLE		31 TITLE	<b>VPSTD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME	<b>RYAN, GEORGE, JR.</b>
STREET ADDRESS		33 STREET ADDRESS	<b>263 NORTH LAKE DRIVE</b>
CITY - ST - ZIP		34 CITY - ST - ZIP	<b>NAPLES, FL 33940</b>
TITLE		41 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42 NAME	<b>PARADIS, JOSEPH A., JR.</b>
STREET ADDRESS		43 STREET ADDRESS	<b>2301 GULFSHORE BOULEVARD N</b>
CITY - ST - ZIP		44 CITY - ST - ZIP	<b>NAPLES, FL 33940</b>
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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)(k), 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 both attachments with an address.

SIGNATURE: *J. F. Paradis* **JAMES F. PARADIS** 04/20/95 (813) 566-3815