

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000059528 (6)**

1. Corporation Name

**SOUTHRIDGE PROPERTIES, INC.**

**FILED**  
**Feb 01, 1996 08:00 AM**  
**Secretary of State**



Principal Place of Business

P.O. BOX 1449  
TAVARES FL 32778

Mailing Address

P.O. BOX 1449  
TAVARES FL 32778

3. Date Incorporated or Qualified **07/31/1995** 3a. Date of Last Report **N/A**

21 **13349 Southedge Ind Dr.**  
22 **TAVARES FLA**

26 **TAVARES FLA**  
27 **TAVARES FLA**

4. FET Number  Applied For  Not Applicable

23 **TAVARES FLA**  
24 **32778** 25 **LAKG**

28 **TAVARES FLA**  
29 **32778** 30 **LAKG**

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

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

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

**9. Name and Address of Current Registered Agent**

**CAUTHEN, DAVID E**  
**131 WEST MAIN STREET**  
**TAVARES FL 32778**

**10. Name and Address of New Registered Agent**

81 Name **DAVID E CAUTHEN**  
82 Street Address (P.O. Box Number is Not Acceptable) **131 WEST MAIN ST**  
83 **TAVARES**  
84 **FL** 85 Zip Code **32778**

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 type is printed name of registered agent (if not a director)

(If the Registered Agent Signature requires filing recording)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BAUGH, RICHARD S</b>	
STREET ADDRESS	<b>P.O. BOX 1449</b>	
CITY-ST-ZIP	<b>TAVARES FL 32778</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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 119.07(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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/24/96** **904-348-6558**

DATE DAYTIME PHONE #

CR2E034 (12/95)