

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

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Jun 02 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000059528 (6)

1. Corporation Name  
SOUTHRIDGE PROPERTIES, INC.



Principal Place of Business  
13349 SOUTHRIDGE IND DR  
TAVARES FL 32778  
US

Mailing Address  
P.O. BOX 1449  
TAVARES FL 32778-1449

3. Date Incorporated or Qualified: 07/31/1995  
3a. Date of Last Report: 02/01/1996  
4. FEI Number: APPLIED FOR 59-3359850  
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

2. Principal Place of Business  
21 29222 BEAUCLAIRE DR.  
Suite Apt. #, etc.  
22 City & State: TAVARES, FLORIDA  
23 Zip: 32778 Country: USA  
2a. Mailing Address  
26 SAME  
Suite, Apt. #, etc.  
27 City & State: SAME  
28 Zip: SAME Country: USA  
29 Zip: SAME Country: USA  
30

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: LEWIS W. STONE  
82 Street Address (P.O. Box Number is Not Acceptable): 4850 N. HIGHWAY 19A  
83  
84 City: MOUNT DORA, FL 85 Zip Code: 32757

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 607.0506, Florida Statutes.

SIGNATURE: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

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

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CRAIG BUTTERFIELD	
1.3 STREET ADDRESS	751 OLD MOUNT DORA ROAD	
1.4 CITY - ST - ZIP	EUSTIS, FLORIDA 32726	
2.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOHN F. WEST	
2.3 STREET ADDRESS	10406 SUMMIT SQUARE DRIVE	
2.4 CITY - ST - ZIP	LEESBURG, FLORIDA 34788-3819	
3.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PAUL M. HANNA JR.	
3.3 STREET ADDRESS	29222 BEAUCLAIRE DRIVE	
3.4 CITY - ST - ZIP	TAVARES, FLORIDA 32778	
4.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	FRANCIS R. BARENS	
4.3 STREET ADDRESS	6755 ROUND LAKE ROAD	
4.4 CITY - ST - ZIP	MOUNT DORA, FLORIDA 32757	
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 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, or on an attachment with an address.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 4/23/97 Daytime Phone #: (352) 343-6182

CR2E034 (9/96)