

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

99 DEC 13 AM 9:11

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

PROFIT CORPORATION
 ANNUAL REPORT
1999

DOCUMENT # **P95000059528**

1. Corporation Name
SOUTHRIDGE PROPERTIES, INC.

Principal Place of Business

COUNTY ROAD 561
 TAVARES FL 32778
 US

Mailing Address

COUNTY ROAD 561
 TAVARES FL 32778
 US

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/31/1995

4. FEI Number

59-3359850

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

8. This corporation owes the current year
 Intangible Personal Property. Yes No

2. Principal Place of Business

21. Suite, Apt #, etc.

22. City & State

24. Zip

25. Country

2a. Mailing Address

26. Suite, Apt #, etc.

27. City & State

29. Zip

30. Country

9. Name and Address of Current Registered Agent

STONE, LEWIS W
 4850 N HWY 19A
 MOUNT DORA FL 32757

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of sections 607.0572 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

Lewis W. Stone, Registered Agent

11/23/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **BVP BUTTERFIELD, CRAIG**
 STREET ADDRESS **751 OLD MOUNT DORA RD**
 CITY-ST-ZIP **EUSTIS FL**

TITLE DELETE

NAME **VP WEST, JOHN F**
 STREET ADDRESS **10406 SUMMIT SQUARE DRIVE**
 CITY-ST-ZIP **LEESBURG FL**

TITLE DELETE

NAME **S HANNA, PAUL M JR.**
 STREET ADDRESS **29222 BEAUCARIE DRIVE**
 CITY-ST-ZIP **TAVARES FL**

TITLE DELETE

NAME **T-P BARENS, FRANCIS R**
 STREET ADDRESS **6755 ROUND LAKE ROAD**
 CITY-ST-ZIP **MOUNT DORA FL**

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME **VP BUTTERFIELD, CRAIG**

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME **300003078233**
-12/22/99-01075-007
******550.00 ****550.00**

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME **300003078233-5**
-12/22/99-01075-008
******200.00 ****200.00**

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME **T-P BARENS, FRANCIS R**

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

KE

14. I 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Craig Butterfield

(352) 343-3202

Daytime Phone #

012346

CR2E034 (5/99)