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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Nancy B. Montford
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 280805 (3)

1. Corporation Name

RIVER RIDGE RANCHES INC

Principal Place of Business

1033 EAST PINE ST
P.O. BOX 430
AVON PARK FL 33825-7430

Mailing Address

1033 EAST PINE ST.
P.O. BOX 430
AVON PARK FL 33825-7430

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/18/1964

3a. Date of Last Report

05/12/1994

4. FEI Number

59-1101368

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 has liability for intangible tax under § 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

ZIP

Locality

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

ZIP

Locality

30

9. Name and Address of Current Registered Agent

KING JR, ROBERT R.
US 27 SOUTH
AVON PARK FL 33825

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 607.0502 and 607.1506, 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 of Registered Agent (must be signed by the Agent)

Signature of Agent (must be signed by the Agent)

Date

12. OFFICERS AND DIRECTORS

12a

NAME

STREET ADDRESS

CITY, ST., ZIP

PD
KING JR, ROBERT R
1989 LAKE LOTELA DR
AVON PARK FL

12b

NAME

STREET ADDRESS

CITY, ST., ZIP

SD
CRUSE, GENE S.
901 W. MAIN ST.
AVON PARK FL

12c

NAME

STREET ADDRESS

CITY, ST., ZIP

SD
DELANEY, LEON ASST.
85 GRANDVIEW BLVD.
LAKE PLACID FL

12d

NAME

STREET ADDRESS

CITY, ST., ZIP

12e

NAME

STREET ADDRESS

CITY, ST., ZIP

12f

NAME

STREET ADDRESS

CITY, ST., ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13a

NAME

STREET ADDRESS

CITY, ST., ZIP

☐ Change ☐ Addition

13b

NAME

STREET ADDRESS

CITY, ST., ZIP

☐ Change ☐ Addition

13c

NAME

STREET ADDRESS

CITY, ST., ZIP

☐ Change ☐ Addition

13d

NAME

STREET ADDRESS

CITY, ST., ZIP

☐ Change ☐ Addition

13e

NAME

STREET ADDRESS

CITY, ST., ZIP

☐ Change ☐ Addition

13f

NAME

STREET ADDRESS

CITY, ST., ZIP

☐ Change ☐ Addition

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(2)(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 607, Florida Statutes, and that my name appears in Block 12 or 13a-f if I changed or can affirm with an address.

SIGNATURE:

Robert R. King Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/95

813453-6634
Signature Number