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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90174 001 ***150.00

DOCUMENT # **280805**

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

2. Principal Place of Business

21 1033 West Pine ST.

2a. Mailing Address

26 1033 West Pine St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 P.O. BOX 430

27 P.O. BOX 430

City & State

City & State

23 AVON PARK FL 33825-7430

28 AVON PARK, FL 33826-7430

Zip

Country

Zip

Country

24

25

29

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 607.1508, 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **KING JR, ROBERT R**
STREET ADDRESS **1989 LAKE LOTELA DR**
CITY-ST-ZIP **AVON PARK FL**

TITLE **SD** ☐ DELETE

NAME **CRUSE, GENE S.**
STREET ADDRESS **901 W. MAIN ST.**
CITY-ST-ZIP **AVON PARK FL**

TITLE **SD** ☐ DELETE

NAME **DELANEY, LEON ASST.**
STREET ADDRESS **85 GRANDVIEW BLVD.**
CITY-ST-ZIP **LAKE PLACID FL**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

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CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert R King Jr Pres

4/27/99 901-453-6634
Date Daytime Phone #

CR2E034 (11/98)

043507