

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Bandra B. Merriam  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 FEB -9 AM 9:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-02/10/95--01083--012  
\*\*\*\*200.00 \*\*\*\*200.00

DOCUMENT # 308961 (2)  
1. Corporation Name  
COLONIAL RIDGE CONCORD INC

Principal Place of Business Mailing Address  
5505 NORTH OCEAN BLVD. 5505 NORTH OCEAN BLVD.  
OCEAN RIDGE FL 33435-4001 OCEAN RIDGE FL 33435-4001

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/12/1966 3a. Date of Last Report 01/24/1994  
4. FEI Number 59-1319280 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 S. 189.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
KINSMAN GLENN  
5505 N OCEAN BLVD  
CONCORD BLDG #205  
OCEAN RIDGE FL 33435

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when re-registering)

12. OFFICERS AND DIRECTORS  
TITLE PD  
NAME KINSMAN, GLENN  
STREET ADDRESS 5505 NORTH OCEAN BLVD.  
CITY-ST-ZIP OCEAN RIDGE FL  
TITLE VD  
NAME WARDLAW, GEORGE  
STREET ADDRESS 5505 NORTH OCEAN BLVD.  
CITY-ST-ZIP OCEAN RIDGE FL  
TITLE STD  
NAME KINSMAN, MADELINE  
STREET ADDRESS 5505 NORTH OCEAN BLVD.  
CITY-ST-ZIP OCEAN RIDGE FL  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
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

T15. 2/9/95

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)(b), Florida Statutes. I further certify that the information included 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *Glenn Kinsman* 2-1-95 407-737-7221  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Phone Number)