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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS



Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90085 024 ***150.00

DCUMENT # 488631

RIDA WOODLAND CONSOLI					 			
Place of Business	Mailing Address				}			
TH AVE.	412 NE 16TH AVE.				}			
1776 Est 32601	P.O. BOX 1776 GAINESVILLE.F 32601	201			DO NOT WRITE IN THIS SPACE			
15.F 32001	GANACOVILLE I SECOT				3. Date Incorporated or Qualifed			
					10/29/1975			
Tiace of Business	2a. Mailing Address				4. FEI Number		$\neg \Box$	Applied For
	26				59-1628699			Not Applicable
Apt. #, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.7	5 Additional
	27				3. Certificate of Status Desired		Fee	Required
State	City & State				6. Election Campaign Financing		\$5 .	00 May Be
	28				Trust Fund Contribution	<u> </u>	Add	led to Fees
Country	Zip	Cour	ntry		8. This corporation owes the curre	nt year Inta	<u>~</u>	
25	29	30	_		Personal Property Tax.		<i>-</i>	
9. Name and Address of Cu	irrent Registered Agent		81	Name	10. Name and Address of New R	egisterea /	Agent	
EE, DENNIS G.		}	٠'	Ivaille				
12 N.E. 16TH AVE.		{	82	Street Addre	ss (P.O. Box Number is Not Accepta	ole)		
AINESVILLE FL 32601			83					
MINEONIELE I E 32001			03					\$8.75 Additional Fee Required \$5.00 May Be Added to Fees agible
		ŀ	84	City		FL	85	Zip Code
								
I am familiar with, and accept the o				signature required	when remstaling)	DATE	<u> </u>	
OFFICER	S AND DIRECTORS	13.				OFDO AN		07050 151 40
ASV					ADDITIONS/CHANGES TO OFF	ILEKS AN	DURE	CTORS IN 12
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configuration 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 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-95