PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 652740

1. Corporation Name

HAR-RIDGE, INC.

Principal Place of Business Mailing Address						
1036 LAKE DEESON POINTE 1036 LAKE DEESON POINTE LAKELAND FL 33805 LAKELAND FL 33805						
			DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualifed		7
				01/11/1980		-
2. Principal Place of Bus	inote	2a. Mailing Address		4. FEI Number	Applied For	
			59-2015123	Not Applicable		
(* ·)		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	}
22		27		3. Certificate di Status Desiros	Fee Required	- _
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	Ţ
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zíp	Country	8. This corporation owes the current year in	ntangible 20 Yes ⊟No	
24	25	29 31	<u> </u>	Personal Property Tax.		-
9. Nan	e and Address of Current	Registered Agent	51 Name A	10. Name and Address of New Registered	Ment	1
LIADDIC IOA	N 14			ILLEN N Harris	·	_
HARRIS, JOA			82 Street Add	ress (P.O. Box Number is Not Acceptable)	7	
1036 DEESON POINTE LAKELAND FL 33805			10	36 LAKE DEESON 1		1
LAKELAND FI	. 33800		83			}
\			84 City		85 Zip Code	1
			ha	KELAND FI	- 1 33805	4
11. Pursuant to the pro-	risions of Sections 607.0502	and 607.1508, Florida Statutes.	, the above-named com norized by the corporati	poration submits this statement for the purpose of ion's board of directors, I hereby accept the appe	pintment as registered	1
agent. I amyfartiliay,	with, and accept the obligation	ns of Section 607.9505, Florid	a Statutes.	poration submits this statement for the purpose of on's board of directors, I hereby accept the app	a c	
SIGNATURE (/ V	yon 11 V	TOW WIND F	then N	Har (1) 2/23/	71	1_
Signature, typ	ed or printed name of registered agent a	nd ste if applicable. (NOTE: Ri	egisterad Agent signature require	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12	CR2E034 (11/98)
12.	OFFICERS AND	DELETE	13.	ADDITIONS CHANGES TO SET TOLERON	☐ Change ☐ Addition	1 ₹
TITLE ST	IMAN M		1.3 IIILE 12 NAME			4
1	S, JOAN M	Decesard	1		•	8
IAVEL	WE DESOLL LOUGH		1.3 STREET ADORESS	•		1 2
	ND FL 33805	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition	7
TITLE PV	ALLEN AL	occ.,,	2.1 11100 2.2 NAME			1
	S, ALLEN N		2.3 STREET ADDRESS			J
l liveri	AKE DEESON POINTE			والراب فيواري	<u>.</u> .	1.
411.	IND FL 33805	[] DELETE	2.4 City-St-ZiP 3.1 TITLE		☐ Change ☐ Addition	1
TITLE ST	Λ	-	3.2 NAME			ì
NAME . Lar	ris ALLEN A Le AS ABO	j	3.3 STREET ADDRESS			1
STREET ADDRESS TANK	LO AS ABO	NP.	34 CITY-ST-ZIP	·		}
	V6" W2 W20	DELETE	4.1 TITLE		Change Addition	7
TITLE		_ bearing	4.2 NAME	•		
NAME			4.3 STREET ADDRESS	•		Ì
STREET ADDRESS			4.4 CITY-ST-ZIP	•		j
TITLE		□ DELETÉ	5.1 TITLE		☐ Change ☐ Addition	7
[[5.2 NAME	• • •		}
NAME			5.3 STREET ADDRESS			1
STREET ADDRESS						1
			SACTIV-SY-7P			ĺ
CITY-ST-ZIP		☐ DELETE	5.4 CTTY- ST-ZIP 6.1 TITLE		☐ Change ☐ Addition	-

STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90065 001 ***150.00