

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA 32399-0001
Telephone: (904) 493-0001
Fax: (904) 493-0002

APPROVED
AND
FILED

DOCUMENT # **F06447**

(9)

HARTRIDGE HILLS, INC.

DECEMBER 1, 1995

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Office Address		Mailing Address		Date of Incorporation or Organization		Date of Last Report	
595 6TH ST NW WINTER HAVEN FL 33881		595 6TH ST NW WINTER HAVEN FL 33881		11/20/1980		06/24/1994	
2. Filing Fee (Amount in Dollars)		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2050552		Not Applicable	
22. State of Incorporation		27. State of Mailing		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23. City, State		28. City, State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24. ZIP		29. ZIP		7. This corporation has not included for incorporation by reference its 1993-1994 Florida Statutes		Yes ☐ No ☐	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BARR, JOHN W, JR 595 6TH ST NW WINTER HAVEN FL 33880				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City, State, ZIP			
				84. City, State, ZIP			

11. Pursuant to the provisions of section 607.01, Florida Statutes, the above named corporation hereby certifies that the purpose of changing its registered office or registered agent is both in the State of Florida. Such change was authorized by the corporation's Board of Directors, if formed, or by the appointment as registered agent. I am hereby authorized to accept the filing of this report on behalf of the corporation.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS, DIRECTORS AND SECRETARIES	
NAME	VD BARR, JOHN W SR 836 LAKE ELBERT CT NE WINTER HAVEN FL	NAME	
STREET ADDRESS	PD CARTER, WILLIAM L, JR. 622 AVE D SE WINTER HAVEN FL	STREET ADDRESS	
CITY, STATE, ZIP	ST BENNETT, J. JULIAN 116 W. CENTRAL AVE. WINTER HAVEN FL	CITY, STATE, ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and is true and accurate for the purposes stated in Section 607.01, Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that the signatures shall have the same legal effect as if they were made by the officers or directors of the corporation or the registered agent or the person designated to file this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this report as required by the Florida Statutes.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR