

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

002876

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90053 032 ***150.00

DOCUMENT # **F92000000974**

1. Corporation Name
RIDGEWOOD, INC.

Principal Place of Business
**525 FENTRESS BLVD
DAYTONA BEACH FL 32114
US**

Mailing Address
**P.O. BOX 2860
DAYTONA BEACH FL 32120-2860**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/21/1992

4. FEI Number

59-3151518

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 owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**VOGES, WILLIAM J
525 FENTRESS BLVD.
DAYTONA BEACH FL 32114**

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	<input type="checkbox"/> DELETE
NAME	VOGES, WILLIAM J	
STREET ADDRESS	525 FENTRESS BLVD.	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MARONEY, PHILIP	
STREET ADDRESS	525 FENTRESS BLVD	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DITTBENNER, EILEEN M	
STREET ADDRESS	525 FENTRESS BLVD.	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	RAMANO, SHARON	
STREET ADDRESS	525 FENTRESS BLVD	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CHAPMAN J ROOT II	
STREET ADDRESS	525 FENTRESS BLVD.	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	RONALD E NOWVISKIE	
STREET ADDRESS	525 FENTRESS BLVD	
CITY-ST-ZIP	DAYTONA BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	NOWVISKIE, RON E.	
1.3 STREET ADDRESS	525 FENTRESS BLVD.	
1.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ROMANO, SHARON	
2.3 STREET ADDRESS	525 FENTRESS BLVD.	
2.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
3.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JONES, VICKY	
3.3 STREET ADDRESS	525 FENTRESS BLVD.	
3.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ROOT, JOHN S.	
4.3 STREET ADDRESS	525 FENTRESS BLVD.	
4.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ROOT, WILLIAM S.	
5.3 STREET ADDRESS	525 FENTRESS BLVD.	
5.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM J. VOGES, PRESIDENT

Date

(904) 258-4744

Daytime Phone #

CR2E034 (11/98)