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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **F97300**

1. Corporation Name

Principal Place of Business

STREET ADDRESS

CITY-ST-ZIP

RIDGEWOOD WATER COMPANY, INC.

733 BLANDING BLVD. ORANGE PARK FL 32065		733 BLANDING BLVD. ORANGE PARK FL 32065		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		,
					08/27/1982	<del></del>	
2. Principal Pla	ace of Rusiness	2a, Mailing Address			4. FEI Number	<u> </u>	plied For
7	ace of boarnoos	26			59-2244420		t Applicable
21	t ata	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75	
Suite, Apt. #	r, etc.	27			5. Certificate of Status Desired	Fee Re	equired
22		City & State			6. Election Campaign Financing		May Be .
City & State	•	28			Trust Fund Contribution	Added	to Fees
23	Country		Country		8. This corporation owes the current year	ar Intangible	
Zip		29 30			Personal Property Tax.	∐ Yes	□No
24	25		$\neg \Gamma$		10. Name and Address of New Registe	ered Agent	
	9. Name and Address of Curren	it Registered Agent	81	Name			
WH C	ON DAIE C				his his Assertable		<del></del>
	ON, DALE S.		82	82 Street Address (P.O. Box Number is Not Acceptable)			
718 [	N. ORANGE AVE.		-				
GREE	en cove springs fl		83		_		
			84	City		FL 85 Zip	Code
			-	,	poration submits this statement for the purpo- tion's board of directors. I hereby accept the		
SIGNATURE	Signature, typed or printed name of registered age		tered Age	nt signature requir	ADDITIONS/CHANGES TO OFFICER	RS AND DIRECT	ORS IN 12
12.	OFFICERS A	TO DITTE TOTAL	13. 1.1 TITLE		Abbittono, etti intege	Change	Addition
TITLE	S	<del>_</del>					
NAME	ROGERS, PATRICIA		1.2 NAME				
STREET ADDRESS	7326 ORTEGA HILLS DR.			TADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 00000		1.4 CITY-5	ST-ZIP		Change	Addition
TITLE	TD	☐ DELETE	2.1 TITLE				
NAME	CUSTEAD, FERN O	B.	2.2 NAME				
STREET ADDRESS	THE BUILDING BUILD		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	ORANGE PARK, FL 00000		2. 4 CITY-	ST-ZIP		☐ Change	Addition
TITLE	PD	☐ DELETE	3.1 TITLE		•	Cloud	,
NAME	CUSTEAD, HOMER J		3.2 NAME		<del></del>		-
STREET ADDRESS	THE THE STATE OF T		3.3 STREI	ET ADDRESS			
i .	ORANGE PARK, FL 00000	l	3.4. CITY-	ST-ZIP		☐ Change	e
CITY-ST-ZIP TITLE	V	☐ DELETE	4.1 TITLE			☐ Cilarigi	e D'Addido
i	CUSTEAD, RICHARD O	1	4. 2 NAM	E			
NAME			4.3 STRE	ET ADDRESS	Į ,	Ĺ	
STREET ADDRESS			4.4 CITY-	ST-ZIP			<del></del>
CITY-ST-ZIP	ORANGE PARK, FL 00000	☐ DELETE	5.1 TITLE			☐ Chang	e
TITLE		_	5.2 NAME	<u> </u>			
NAME			5.3 STRE	ET ADDRESS			
STREET ADDRESS	S		5.4 CITY				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			Chang	je 🔲 Additio
TITLE			6.2 NAMI				
NAME				ET ADDRESS			

6.4 CITY-ST-ZIP

Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90115 050 \*\*\*150.00

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.