

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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90101 025 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # F98000002455**

1. Corporation Name  
**POPLAR RIDGE INVESTMENTS, INC.**

Principal Place of Business  
**3599 W. LAKE MARY BLVD., SUITE B  
LAKE MARY FL 32746**

Mailing Address  
**3599 W. LAKE MARY BLVD., SUITE B  
LAKE MARY FL 32746**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/30/1998**

4. FEI Number

**59-3504721**

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

2a. Mailing Address

21 **913 E North BV**

26 **3575 W. LK. MARY BV**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite H**

27 **SUITE 107**

City & State

City & State

23 **Leesburg, FL**

28 **LAKE MARY FL**

Zip

Country

Zip

Country

24 **34748**

25

29 **32746**

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MILLER, WARREN  
3599 W. LAKE MARY BLVD.  
LAKE MARY FL 32746**

81 Name

**Warren Miller**

82 Street Address (P.O. Box Number is Not Acceptable)

**3575 W. Lake Mary Blvd.**

83

**Suite 107**

84 City

**Lake Mary**

**FL**

85 Zip Code

**32746**

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

*Warren Miller*  
Signature, typed or printed name of registered agent and title if applicable.

*Warren Miller*  
(NOTE: Registered Agent signature required when reinstating)

DATE

**4/29/99**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PVC** ☐ DELETE

NAME **MILLER, WARREN**

STREET ADDRESS **308 CRANE COVE**

CITY-ST-ZIP **LONGWOOD FL 32758**

TITLE **SC** ☐ DELETE

NAME **GRAVES, ROCKY**

STREET ADDRESS **8750 PISA DR. #313**

CITY-ST-ZIP **ORLANDO FL 32810**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

*Warren Miller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/99**

Date

**407-324-0001**

Daytime Phone #

CR2E034 (11/98)