

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90221 018 ***150.00

DOCUMENT # G48358

1. Corporation Name

RIDGEWOOD RANCH, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O LARRY CARROLL 847 HAWKSBILL ISLAND DR. SATELLITE BEACH FL 32937 US		Mailing Address C/O LARRY CARROLL 847 HAWKSBILL ISLAND DR. SATELLITE BEACH FL 32937 US	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	
3. Date Incorporated or Qualified 07/12/1983		4. FEI Number 59-2392986	
5. Certificate of Status Desired ☐		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution ☐		\$8.75 Additional Fee Required	
7. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

CARROLL, LARRY
847 HAWKSBILL ISLAND DR
SATELLITE BEACH FL 32937

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	CARROLL, LARRY	1.2 NAME	
STREET ADDRESS	847 HAWKSBILL ISLAND DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VS	2.1 TITLE	
NAME	CARROLL, HELEN	2.2 NAME	
STREET ADDRESS	847 HAWKSBILL ISLAND DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BEACH FL	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	
NAME	HENRY, VIRGINIA LEE	3.2 NAME	
STREET ADDRESS	4640 QUAIL ROOST RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST CLOUD FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Larry Carroll
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99 407-723-7691
Date Daytime Phone #

CR2E034 (1/98)