

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

DOCUMENT # J35026

1. Corporation Name

LAKE RIDGE LAND COMPANY

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90009 046 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6700 S. FLORIDA AVE. STE. #6 LAKELAND FL 33813 US		Mailing Address P.O. BOX 6420 LAKELAND FL 33807 US	
2. Principal Place of Business 21 6700 S. Florida Ave. Suite, Apt. #, etc. 22 Suite 1 City & State 23 Lakeland, FL Zip Country 24 33813 25 US		2a. Mailing Address 26 P. O. Box 7760 Suite, Apt. #, etc. 27 City & State 28 Lakeland, FL Zip Country 29 33807 30 US	
3. Date Incorporated or Qualified 09/25/1986		4. FEI Number 59-3107820	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent ELLSWORTH, W. WM. JR. 8700 S. FLORIDA AVE. STE. #6 LAKELAND FL 33813		10. Name and Address of New Registered Agent 81 Name Michelle E. Badcock 82 Street Address (P.O. Box Number is Not Acceptable) 6700 S. Florida Ave. 83 Suite 1 84 City Lakeland FL 85 Zip Code 33813	
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 officer or director Michelle E. Badcock (NOTE: Registered Agent signature required when reinstating)		DATE 1/1/99	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD- ELLSWORTH, W. WM. JR. 6700 S. FLORIDA AVE., #6 LAKELAND FL 33813 <input checked="" type="checkbox"/> DELETE		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP VPD- ELLSWORTH, DORIS W- 6700 S. FLORIDA AVE. #6 LAKELAND FL-- <input checked="" type="checkbox"/> DELETE		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP STD- BADCOCK, MICHELLE E 6700 S FLORIDA AVE #1 LAKELAND FL <input checked="" type="checkbox"/> DELETE		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP PD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ST Suzanne M. Ellsworth 6700 S. Florida Ave., Suite 1 Lakeland, FL 33813 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: Michelle E. Badcock, President

1/1/99

941/647-5123

Date

Daytime Phone #

CR2E034 (11/98)