FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J89760** **(9)**

1. Corporation Name
NORTHRIDGE CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
~~5701 N PINE ISLAND RD~~ ~~1140 NORTHWEST 101 AVENUE~~ ~~PLANTATION FL 33322~~ ~~US~~	5701 N PINE ISLAND RD SUITE 390 TAMARAC FL 33321 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
06/28/1987	05/01/1994

2. Principal Place of Business
21 5701 N. Pine Island Rd
Suite, Apt. #, etc.
22 Suite 390
City & State
23 Tamarac, Florida
Zip 24 33321 Country 25 U.S.A.

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number 59-2841081 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

RICKEL, ROBERT S.
1140 NORTHWEST 101 AVE.
PLANTATION FL 33322

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☒ Change ☐ Addition
NAME	RICKEL, ROBERT S.	12 NAME	Rickel, Robert S.	
STREET ADDRESS	~~1140 NORTHWEST 101 AVE~~	13 STREET ADDRESS	5701 N. Pine Island Rd, Ste 390	
CITY-ST-ZIP	~~PLANTATION FL~~	14 CITY-ST-ZIP	Tamarac, FL 33321	
TITLE	D	21 TITLE	D	☒ Change ☐ Addition
NAME	SELDOMRIDGE, RICHARD	22 NAME	Seldomridge, Richard	
STREET ADDRESS	~~6402 GW 185 WAY~~	23 STREET ADDRESS	5701 N. Pine Island Rd, Ste 390	
CITY-ST-ZIP	~~FT LAUDERDALE FL~~	24 CITY-ST-ZIP	Tamarac, FL 33321	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Robert S. Rickel 4/7/95 305-726-3811
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

CR4A01 CF