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FILED

Jan 31 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # L12557 (9)

1. Corporation Name  
RIDGE PROPERTIES, INC.

Principal Place of Business

25445 SR 46  
SORRENTO FL 32776

Mailing Address

25445 SR 46  
SORRENTO FL 32776-9519



2. Principal Place of Business

21 890 E. SR 434

Suite, Apt. #, etc.

22 LONGWOOD

City & State

23 FLORIDA

Zip Country

24 32750

25

2a. Mailing Address

26 890 E. SR 434

Suite, Apt. #, etc.

27 LONGWOOD,

City & State

28 FLA.

Zip Country

29 32750

30

3. Date Incorporated or Qualified

08/22/1989

3a. Date of Last Report

02/23/1996

4. FEI Number

59-2973083

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

6. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

THOMAS, ED

→ 880 E. HIGHWAY 434  
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name

ED THOMAS

82 Street Address (P.O. Box Number is not acceptable)

890 East SR 434

83

LONGWOOD

84 City

FL

85 Zip Code

32750

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, 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 registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/27/97

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME THOMAS, ED  
STREET ADDRESS 808 E. HIGHWAY 434  
CITY-ST-ZIP LONGWOOD FL

TITLE VD ☐ DELETE

NAME PAIT, STACEY L.  
STREET ADDRESS 25445 STATE RD 46  
CITY-ST-ZIP SORRENTO FL

TITLE S ☐ DELETE

NAME THOMAS, GAILE  
STREET ADDRESS 880 E. HIGHWAY 434  
CITY-ST-ZIP LONGWOOD FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

1/27/97

407

339-5231

CR2E034 (9/96)