

312-98 B3174 C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$60.00

FILED
Mar 12 1998 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1998



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

DOCUMENT # L49779 (6)
 Corporation Name
ELDRIDGE APPRAISALS, INC.

Principal Place of Business: **% ELDRIDGE APPRAISALS, INC
 1839 IMPERIAL GOLF COURSE BLVD
 NAPLES FL 34110
 US**

Mailing Address: **1839 IMPERIAL GOLF COURSE BLVD
 NAPLES FL 34110
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 2a. Mailing Address:
 21. State: Apr # etc: 26. State: Apr # etc:
 22. City & State: 27. City & State:
 23. Zip: 28. Zip: Country:
 24. 25. 29. 30.

3. Date Incorporated or Qualified: **02/08/1990**
 4. EIN Number: **65-0181477** 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No
 10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**ELDRIDGE, DAVID
 1839 IMPERIAL GOLF COURSE BLVD
 NAPLES FL 34110**

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 607.014(1) and 607.015(1), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent to the office and agent herein. Such change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent herein to the validity and effect of the above and Section 607.015(1), Florida Statutes.

SIGNATURE: _____ (NAME) _____ (ADDRESS) _____ (CITY) _____ (STATE) _____ (ZIP)

12. OFFICERS AND DIRECTORS

11. NAME: **PVPD ELDRIDGE, DAVID** DELETED
 12. STREET ADDRESS: **1839 IMPERIAL GOLF COURSE BLVD**
 13. CITY, STATE, ZIP: **NAPLES FL 34110** DELETED
 14. NAME: **ELDRIDGE, DAVID** DELETED
 15. STREET ADDRESS: **1839 IMPERIAL GOLF COURSE BLVD**
 16. CITY, STATE, ZIP: **NAPLES FL 34110** DELETED
 17. NAME: DELETED
 18. STREET ADDRESS: DELETED
 19. CITY, STATE, ZIP: DELETED
 20. NAME: DELETED
 21. STREET ADDRESS: DELETED
 22. CITY, STATE, ZIP: DELETED

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

23. NAME: Change Addition
 24. STREET ADDRESS:
 25. CITY, STATE, ZIP: Change Addition
 26. NAME:
 27. STREET ADDRESS:
 28. CITY, STATE, ZIP: Change Addition
 29. NAME:
 30. STREET ADDRESS:
 31. CITY, STATE, ZIP: Change Addition
 32. NAME:
 33. STREET ADDRESS:
 34. CITY, STATE, ZIP: Change Addition
 35. NAME:
 36. STREET ADDRESS:
 37. CITY, STATE, ZIP: Change Addition
 38. NAME:
 39. STREET ADDRESS:
 40. CITY, STATE, ZIP: Change Addition

14. I hereby certify that the information contained in this report is true and correct to the best of my knowledge and belief, and that I am an officer or director of the corporation of the above named corporation. I have signed this report and the information contained herein is true and correct to the best of my knowledge and belief.

SIGNATURE: *David Eldridge* **DAVID E. Eldridge** 3/10/98 941 5982225
 SECRETARY OF STATE DIVISION OF CORPORATIONS

CR2E034 (10/97)

3-12-98 B3174 C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Moriam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L49779 (6)
 1. Corporation Name
ELDRIDGE APPRAISALS, INC.



Principal Place of Business % ELDRIDGE APPRAISALS, INC. 1839 IMPERIAL GOLF COURSE BLVD NAPLES FL 34110 US	Mailing Address 1839 IMPERIAL GOLF COURSE BLVD NAPLES FL 34110 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 02/08/1990	
4. FEI Number 65-0181477	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**ELDRIDGE, DAVID
 1839 IMPERIAL GOLF COURSE BLVD
 NAPLES FL 34110**

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

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

TITLE	PVPD	<input type="checkbox"/> DELETE
NAME	ELDRIDGE, DAVID	
STREET ADDRESS	1839 IMPERIAL GOLF COU	
CITY-ST-ZIP	NAPLES FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ELDRIDGE, DAVID	
STREET ADDRESS	1839 IMPERIAL GOLF COU	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 to this report.

SIGNATURE: *David Eldridge* **DAVID E. Eldridge** 3/10/98 941 5982225

CR2E034 (10/97)