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**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90094 040 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # M76372**

1. Corporation Name  
**CONIFER RIDGE, INC.**

Principal Place of Business

% ROBERT R. KREIS  
1600 INDEPENDENT SQUARE  
JACKSONVILLE FL 32202-1902  
US

Mailing Address

1 INDEPENDENT DR  
SUITE 1600  
JACKSONVILLE FL 32202-5009  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/12/1988**

4. FEI Number

**59-2883003**

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 **1 Independent Drive**

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite 1600

27 Suite, Apt. #, etc.

City & State

23 Jacksonville, FL

City & State

28

24 Zip 32202-5009 25 Country USA

29 Zip 30 Country

9. Name and Address of Current Registered Agent

KREIS, ROBERT R  
1 INDEPENDENT DR  
SUITE 1600  
JACKSONVILLE FL 32202

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **MORRIS, SHELDON A.**  
STREET ADDRESS **4196 HERSCHEL STREET**  
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **DP** ☐ DELETE  
NAME **LOVETT, RADFORD D.**  
STREET ADDRESS **1 INDEPENDENT DR STE 1600**  
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **VT** ☐ DELETE  
NAME **WILLIAMS, LEWIS D**  
STREET ADDRESS **1 INDEPENDENT DR STE 1600**  
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **VS** ☐ DELETE  
NAME **KREIS, ROBERT R**  
STREET ADDRESS **1 INDEPENDENT DR STE 1600**  
CITY-ST-ZIP **JACKSONVILLE FL 32202**

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 ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME **AS**  
5.3 STREET ADDRESS **SYDNEY A. GERVIN III**  
5.4 CITY-ST-ZIP **1 Independent Drive, Suite 1600**  
**Jacksonville, FL 32202-5009**

6.1 TITLE ☐ Change ☐ 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 with an address, with all other like empowered.

SIGNATURE: *L Williams, Vice Pres*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 11, 1999  
Date

904/634-8808  
Daytime Phone #

CR2E034 (1/98)