## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED Jul 19, 1999 8:00 am Secretary of State

07-19-1999 90001 039 \*\*\*150.00

DOCUMENT #	M76528
L. Cornoration Name	

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Principal Place	e of Business	Mailing Address		-	F BIBRI BIBII BIBII BIBII BIBII FBBI
4641 LOWN ST N		4641 LOWN ST N			
ST PETERSBU		210 79TH AVENUE. NORTH			
US		ST PETERBURG FL 33714		DO NOT WRITE IN THIS	S SPACE -
		US		3. Date Incorporated or Qualified	
				04/14/1988	
	ace of Business	2a. Mailing Address	ام 4-> (م	4. FEI Number	Applied For
21			N St N	59-2886726	Not Applicable  \$8.75 Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		_5. Certificate of Status Desired	Fee Required
City & State		City & State		6 Floation Comparing Financing	\$5.00 May Be
23	<del>-</del>	St. Pafer	Sbung Fo	6. Election Campaign Financing Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	7,000 10 7 10 1
24	25	29 33714 30	¬ ·	Intangible Personal Property.	Yes No
<u>,</u>	9. Name and Address of Current			10. Name and Address of New Registered	Agent
			81 Name	<del></del>	
	RNDON, M. EDWINA		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
	79TH AVENUE NORTH		OZ Street Addre	is a first social of the social of	
ST.	PETERSBURG FL 33702		83		
			84 City		85 Zip Code
			O4 City	Fl	-
11. Pursuant	to the provisions of sections 607.0502	and 607.1508, Florida Statutes,	the above-named corpor	ation submits this statement for the purpose of o	hanging its registered
office or i	registered agent, or both, in the State o am familjar with, a <u>nd</u> agcept the obligat	of Florida/ Such change was auti ions of section 607,0505. Florid	horized by the corporational la Statutes.	in's board of directors. I hereby accept the appo	sintment as registered
SIGNATURE .	Il Bours	Vouden)		7-9-99	
SIGNATORE	Signature, typed or printed name of registered agent.	and title if applicable. (NOTE:	Registered Agent signature requi		
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PT COUNTY SOURCE	L DELETE	1.1 TITLE		Change Addition
NAME	HERNDON, JOHN E., JR.		1.2 NAME		
STREET ADDRESS	210 79TH AVE N		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL	<del></del>	1.4 CITY-ST-ZIP		
TITLE	VPS	DELETE	2.1 TITLE		Change Addition
NAME	HERNDON, M. EDWINA		2.2 NAME		
STREET ADDRESS	210 79TH AVE N		2.3 STREET ADDRESS	<b>~</b> 6	
_CITY-ST-ZIP	ST PETERSBURG FL	<u> </u>	2.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Date Dates
TITLE		L DELETE	3.1 TITLE 3.2 NAME		Change Addition
NAME			3.3 STREET ADDRESS		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		Постете	4.1 TITLE		Change Addition
NAME		L DELETE	4.2 NAME		Change Audition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		·
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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.

**SIGNATURE:** 



## S90083-9001-39 M76528 BUSINESS SERVICE SYSTEMS, PA

6600 - 4th Street N., Suite 101 St. Petersburg, Florida 33702 (727) 520-8652 FAX 521-0552

July 6, 1999

Florida Department of Revenue Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

RE: Eldridge Corporation, 59-2886726, Date Incorporated: 04/14/1998

To: Whom It May Concern:

Regarding the above referenced taxpayer, please accept this Corporattion Annual Report as timely. Because of an incorrect address, the pre-printed form did not reach the taxpayer in time to file by May 1, 1999. Please accept this payment of \$150 to renew Eldridge Corporation, and abate any penalty due

Correcting the address as per the pre-printed form should prevent this problem in the future. Feel free to call our office if you have any questions

Sincerely,

James C. Weber, C.P.A.

JW/pl