

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAY -1 AM 11:23

DOCUMENT # M90471

(7)

1. Corporation Name

BF RIDGE, INC.

Principal Place of Business

**6036 CLARK CENTER AVENUE
SARASOTA FL 34238**

Mailing Address

**6036 CLARK CENTER AVENUE
SARASOTA FL 34238**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/21/1988

3a. Date of Last Report
07/06/1994

2. Principal Place of Business

21. **10801 Starkey Road**

2a. Mailing Address

26. **10801 Starkey Road**

4. FIC Number

59-2896212

Approved For

Not Applicable

22. **16**

27. **16**

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

23. **Largo, FL**

28. **Largo, FL**

6. Election Campaign Financing
Fund Limit Contribution ☐

**\$5.00 May Be
Added to Fees**

24. **34689**

25.

29. **34689**

30.

8. This corporation has liability for interstate tax under S 190.007
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**MCGILLEN, ROBERT L.
6036 CLARK CENTER AVENUE
SARASOTA FL 34238**

10. Name and Address of New Registered Agent

81. Name
McGillen, Robert L.
82. Street Address (P.O. Box Number is Not Acceptable)
10801 Starkey Road #16
83.
84. City
Largo, FL 85. Zip Code
34689

11. Pursuant to the provisions of Sections 190.001, and 190.002, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office from its present office to the office indicated by the corporation's Board of Directors. I hereby accept the appointment as registered agent. I am

Signature

Robert L. McGillen

4/28/95

12. OFFICERS AND DIRECTORS

1. NAME	D	MCGILLEN, ROBERT L.
2. STREET ADDRESS		6036 CLARK CTR. AVE.
3. CITY, STATE, ZIP		SARASOTA FL
4. NAME	D	MCGILLEN, VIVIAN L.
5. STREET ADDRESS		6036 CLARK CTR. AVE.
6. CITY, STATE, ZIP		SARASOTA FL
7. NAME		
8. STREET ADDRESS		
9. CITY, STATE, ZIP		
10. NAME		
11. STREET ADDRESS		
12. CITY, STATE, ZIP		
13. NAME		
14. STREET ADDRESS		
15. CITY, STATE, ZIP		
16. NAME		
17. STREET ADDRESS		
18. CITY, STATE, ZIP		
19. NAME		
20. STREET ADDRESS		
21. CITY, STATE, ZIP		

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS ON 12

1. NAME	D	McGillen, Robert L.	☒ Change ☐ Addition
2. STREET ADDRESS		10801 Starkey Road #16	
3. CITY, STATE, ZIP		Largo, FL 34689	
4. NAME	D	McGillen, Vivian L.	☒ Change ☐ Addition
5. STREET ADDRESS		10801 Starkey Road #16	
6. CITY, STATE, ZIP		Largo, FL 34689	
7. NAME			☐ Change ☐ Addition
8. STREET ADDRESS			
9. CITY, STATE, ZIP			☐ Change ☐ Addition
10. NAME			
11. STREET ADDRESS			
12. CITY, STATE, ZIP			☐ Change ☐ Addition
13. NAME			
14. STREET ADDRESS			
15. CITY, STATE, ZIP			☐ Change ☐ Addition
16. NAME			
17. STREET ADDRESS			
18. CITY, STATE, ZIP			☐ Change ☐ Addition
19. NAME			
20. STREET ADDRESS			
21. CITY, STATE, ZIP			☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.002, Florida Statutes. I further certify that this information is not for the annual report or supplemental annual report as 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 manager or person in control of the corporation and that my signature is required by Chapter 190, Florida Statutes, and that my name appears on Block 1 of Block 1 of the filing. I am a resident of the State of Florida and I am a resident of the State of Florida.

SIGNATURE:

Robert L. McGillen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REMITTED BY MAY 1