FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT** 1998

tolki-a

1



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

(4)

FILED									
Apr 27 1998 8:00am									
Secretary of State									

Principal Place of Business Melling Address 21% SOUTH ADMAS STREET TALLAHASSEE FL 22001	RIDGEFIELD PRESS, INC.												
TALLAHASSEE FL 8201 TALLAHASSEE FL 3201 Sulfo, Apt ii, etc. Sulfo, Apt ii, etc. Sulfo, Apt ii, etc. Sulfo, Apt ii, etc. Tall iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	Principal Place of Business Mailing Address									1 CONTRACT ALD INCOL SOLIN CENTE CANDEL ENDS STOLE ONDER DÍGIT ALORI DIGIT.	O PORT FOR I		
22, Principal Place of Business 2a. Malling Address 5c. Certificate of Status Deefed \$8.75 Additional Fee Required \$8.00 May 9 and \$8.00 May 90 and 90 an									09/06/1988 4. FEI Number App				
Solicy Apt. 4, etc. Solicy Apt. 4, etc. Solicy Sol		Mailing Address					5. Certificate of Status Desired S8.75 Ad	ditional					
City & State City & State Country 2ip 2ip Country	Sulte, Apt. #, etc.				Suite, Apt. #, etc.					6. Election Campaign Financing \$5.00 May Be			
Zip Country Zip Country 2 2 30	City & State				City & State								
GOODWYNE. OWEN K. 1924 TEMPLE ROAD TALLAHASSEE FL 32303 18 Street Address (P.O. Box Number Is Not Acceptable) TALLAHASSEE FL 32303 19 City FL 85 Zip Code TALLAHASSEE FL 32303 10 City FL 85 Zip Code TALLAHASSEE FL 32303 10 City FL 85 Zip Code TALLAHASSEE FL 32303 11 Pursuant to the provisions of Soctions 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. In all mellinal with, and accept the obligations of, Socional Statutes. SIGNATURE 12. OFFICIERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILL PD		⊢ · · ·		<u> </u>	/ip	 1		untry			- 1		
GOODWYNE, OWEN K. 1924 TEMPLE ROAD TALLAHASSEE FL 32303 B4 City FL B5 Zip Code 11. Pursuant to the provisions of Sections 617-0502 and 617-1508, Florida Statutos, the above-named corporation submite this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floridas Statutos, the above-named corporation submite this statement for the purpose of changing its registered office or registered agent, and affailate with, and accept the originations of, Section 67: 0505. Priorida Statutos. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. OFFICERS AND DIRECTORS 14. CITY-ST-2P 10. DELETE 21 TITLE 25 NAME 36 GRAND ST - STOREFRONT NEW YORK NY 1.2 STREET ADDRESS CITY-ST-2P 10. DELETE 21 TITLE 25 DELETE 21 TITLE 25 DELETE 25 TZ /NVERLOCH 25 NAME 453-D-ASBURY-COMMONS DRIVE 25 NAME 453-D-ASBURY-COMMONS DRIVE 20 STREET ADDRESS CITY-ST-2P 10. DELETE 41 TITLE 20 DELETE 41 TITLE 41		9. Name r	ind Address of Curre	nt Registe	red Agent					10. Name and Address of New Registered Agent			
1924 TEMPLE ROAD TALLAHASSEE FL 32303 B Only City FL Bs Zip Code 11. Pursuant to the provisions of Sections 617 6502 and 517 1508. Florida Statutus, the above named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617,0053, Plorida Statutus. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE OCILINS, PATRICIA SIGNATORIS OFFICERS AND DIRECTORS 1.3 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.2 NAME COLLINS, PATRICIA SIGNATORIS OFFICERS AND DIRECTORS IN 12 1.3 STREET ADDRESS OFFICERS AND DIRECTORS IN 12 1.4 DIVERSE ADDRESS OFFICERS AND DIRECTORS IN 12 INVEST-2P OFFICERS AND DIRECTORS IN 12 1.4 DIVERSE ADDRESS OFFICERS AND DIRECTORS IN 12 INVEST-2P OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS IN 12 INVEST-2P OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS IN 12 INVEST-2P OFFICERS AND DIRECTORS IN 12 OFFICERS							81	Name					
### ### ### ##########################							82	Street	Addres	ess (P.O. Box Number Is Not Acceptable)			
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, 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, 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, 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, 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, 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, or both, in the State of Florida. Such change as authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or board of directors. I hereby accept the appointment as registered agent, or board of directors. I hereby accept the appointment as registered agent, or board of directors. I hereby accept the depleted agent. In the support accept the policy accept the depleted agent. In the support accept the depleted agent. In the support accept the policy accept the policy accept the policy accept the purpose of change agent and the registance. 11. The support accept the objectors. In the support accept the appointment as registered agent. In the support accept the appointment as registered agent. In the support accept the appointment as registered agent. In the support accept the appointment as registered agent. In the support accept the appointment as registered agent. In the	TALLAH	as s ee fl 3	2303				83						
SIGNATURE True							l'i	. ,		FL T			
SIGNATURE True	11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.												
Signature, hybrid or princial name of registered agent and tief it applicables. (Notif. Registered Agent signature required when reinstering) DATE													
TITLE NAME STREET ADDRESS CITY-ST-ZP TALLAHASSEE FL		Signature, typed o					d Ape	nt signature	required		131.40		
NAME STREET ADDRESS CITY-ST-ZIP TITLE BABER, DEBRA STREET ADDRESS CITY-ST-ZIP TITLE DST NAME GOODWYNE, OWEN TITLE DST NAME GOODWYNE, OWEN TITLE DST NAME ALLAHASSEE FL TITLE DELETE DELETE TITLE DELETE D			OFFICERS A	AD DIRECT			TLE		ı				
STREET ADDRESS CITY-ST-ZIP TITLE D BABER, DEBRA STREET ADDRESS CITY-ST-ZIP DUNWOODY GA TITLE DST DELETE 3.1 TITLE 3.2 ANAME 3.2 ANAME 3.2 ANAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE AAMAE 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE AAMAE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME 5.3 STREET ADDRESS CITY-ST-ZIP Change Addition Addition Change Addition Addition Addition Change Addition Addition Change Addition Addition Change Addition Change Addition Addition Change Addition			PATRICIA		-				C Ontaining C A		L Adonion		
TITLE D DELETE 2.1 TITLE D DELETE 2.2 TITLE D DELETE 2.2 TITLE D DELETE 2.2 TITLE DUNWOODLY GA 2.3 STREET ADDRESS DUNWOODLY GA 2.4 STREET ADDRESS DUNWOODLY GA DELETE 3.1 TITLE DST DELETE 3.1 TITLE DELETE 3.1 TITLE DELETE 3.3 STREET ADDRESS DELETE ADDRESS DELETE DOUBLE DELETE 3.1 TITLE DELETE ADDRESS DELETE ADDRESS DELETE ADDRESS DELETE DELETE ADDRESS DITTLE DELETE ADDRESS DITTLE DELETE DELETE DELETE ADDRESS DITTLE DELETE DELE				NT				ADDDECC					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DUNWOODLY GA STREET ADDRESS CITY-ST-ZIP DUNWOODLY GA DELETE DUNWOODLY GA STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE DUNWOODLY GA STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE DUNWOODLY GA STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE DELETE DUNWOODLY GA STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE DELETE STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS			1 *)						,				
NAME STREET ADDRESS CITY-ST-ZIP DUNWOODY GA DELETE DEL					DELETE			11-211		✓ Change	Addition		
STREET ADDRESS LITY-ST-ZIP DUNWOODY GA 2.4 CITY-ST-ZIP DUNWOODY GA 2.4 CITY-ST-ZIP DULUHA GA 30/36 TITLE DST GOODWYNE, OWEN 3.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE 3.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE 4.2 NAME 4.2 NAME 4.2 NAME 5TREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE ACCITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE CHANGE G.3 STREET ADDRESS CITY-ST-ZIP TITLE CHANGE G.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE CHANGE G.3 STREET ADDRESS G.3 STREET ADDRESS CITY-ST-ZIP TITLE CHANGE G.3 STREET ADDRESS		BABER. (DEBRA							<u> </u>	_ [
NAME STREET ADDRESS 1924 TEMPLE RD. 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME 5.4 CITY-ST-ZIP TITLE NAME 5.5 NAME 5.6 NAME 5.7 NAME 5.8 STREET ADDRESS CITY-ST-ZIP TITLE NAME 5.8 STREET ADDRESS CITY-ST-ZIP TITLE NAME 6.1 TITLE NAME 6.2 NAME 5.3 STREET ADDRESS 6.3 STREET ADDRESS 6.3 STREET ADDRESS 6.3 STREET ADDRESS 6.3 STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS							2.3 STREET ADDRESS 2			572 INVERLOCH			
NAME STREET ADDRESS 1924 TEMPLE RD. 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME 5.4 CITY-ST-ZIP TITLE NAME 5.5 NAME 5.6 NAME 5.7 NAME 5.8 STREET ADDRESS CITY-ST-ZIP TITLE NAME 5.8 STREET ADDRESS CITY-ST-ZIP TITLE NAME 6.1 TITLE NAME 6.2 NAME 5.3 STREET ADDRESS 6.3 STREET ADDRESS 6.3 STREET ADDRESS 6.3 STREET ADDRESS 6.3 STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	DIMINIOODY OF				2. 4 CI			ST-ZIP	Ď	Duluth GA 30136			
STREET ADDRESS CITY-ST-ZIP TITLE DELETE A1 TITLE AMME A2 NAME A3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE A1 TITLE A3. CITY-ST-ZIP TITLE DELETE A1 TITLE Change Addition Addition AAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE A1 TITLE CITY-ST-ZIP TITLE CAMME Addition AMME ADDRESS ACTIY-ST-ZIP TITLE CHANGE ADDRESS ACTIY-ST-ZIP TITLE CAMME ADDRESS ACTIY-ST-ZIP TITLE CHANGE ADDRESS ACTIY-ST-ZIP CHANGE ADDRESS ACTIY-ST-ZIP TITLE CHANGE ADDRESS ACTIY-ST-ZIP ADDRESS ACTIV-ST-ZIP ADDRESS		DST	-		☐ DELETÉ	3.1 T	ITLE			☐ Change	Addition		
TALLAHASSEE FL 3.4. CITY-ST-ZIP Change Addition A.2 NAME A.3 STREET ADDRESS A.4. CITY-ST-ZIP A.5. TITLE Change Addition A.2. NAME A.5. TITLE Change Addition A.5. TITLE Change	NAME					3.2 N	AME				ŀ		
TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP Change Addition TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME 5.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.1 TITLE Change Addition NAME 6.3 STREET ADDRESS G.3 STREET ADDRESS Company of the	STREET ADDRESS					3.3 S	TREET	ADDRESS					
NAME	CITY-ST-ZIP	TALLAHA	SSEE FL					ST-ZIP					
STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	TITLE				L DELETE					Li Change	☐ Addition		
A4 CITY-ST-ZIP	NAME					4.21	AME						
TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME 5.2 NAME CITY-ST-ZIP 5.3 STREET ADDRESS CITY-ST-ZIP Change Addition TITLE DELETE 6.1 TITLE Change Addition NAME 62 NAME 63 STREET ADDRESS 63 STREET ADDRESS											ŀ		
NAME					Doctore			T-ZIP		Change	Addition		
STREET ADDRESS					C) DECEIE					crange	woulde		
CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS		,						ADDOCCO					
TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS		:											
NAME 62 NAME 53 STREET ADDRESS 63 STREET ADDRESS					DELETE			1-2IP		Change	Addition		
STREET ADDRESS 6.3 STREET ADDRESS		<u> </u>			tores of the last					Charge Charge			
		,						ADDRESS					
	CITY-ST-ZIP												

14. Thereby 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 of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, of on an attachment with an address.

SIGNATURE:

A 2 1/98

B 90/224 - 5169