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CORPORATION ANNUAL REPORT



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

1996

P92000003147 (5) **DOCUMENT #**

RIDGWAY	SERVICES	OF FI	_ORIDA.	INC.

Principal Place of Business Mailing Address 3150 LINDFIELDS BLVD. 3150 LINDFIELDS BLVD. KISSIMMEE FL 34747 KISSIMMEE FL 34747 3a. Date of Last Report 3. Date Incorporated or Qualified 05/01/1995 11/03/1992 2a. Mailing Address 4. FET Number Applied For 2. Principal Place of Business 59-3151401 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 8. This corporation has liability for intangible tax under s. 199.032, Country Country Zip Zio Florida Statutes Yes No 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LAWRENCE, RICHARD C Street Address (P.O. Box Number is Not Acceptable) 82 2941 PEMBRIDGE STREET 83 KISSIMMEE FL 34747 85 Zip Code 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above named corporation submits the 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. Thereby accept the appointment as registered agent. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed hand of registered agent and title diapolicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1 1 THELE TITLE LAWRENCE, RICHARD 1.2 NAME NAME 2941 PEMBRIDGE STREET 1.3 STREET ADDRESS STREET ADDRESS KISSIMMEE FL 34747 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Acdition 2.1 Table TITLE LAWRENCE, HARIYE 2.2 NAME NAME 2941 PEMBRIDGE ST. 2 3 STREET ADDRESS STREET ADDRESS KISSIMMEE FL 34747 2.4 CITY - S* - ZIP CITY-ST-ZIP Change nc tibbb 🔲 DELETE 3 1 H.E. TITLE NAME 3.2 NAME 3.3 STREET ASDRESS STREET ADDRESS 3.4 O(T) - ST - Z(F) CITY-ST-2IP Chance nest bhA [[]] DELETE 4.12003 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ACCRESS 4.4 CiTY - ST. ZIP CITY-ST-ZIP Change DELFIE □ Addition 5.1 TiTLE TITLE 5.2 NAME NAME SIBISTREET ACORESS STREET ADDRESS 5.4 City - ST-7IP CITY-ST-2IP [] Add tioc Change [] DELETE 6.1 DE.F TITLE 6.2 NAME NAME

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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.

6.3 STREET ADDRESS

64 CITY ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: FINALURE AND TYPED RICHARD C. LAWRENCE

5/4/96 (407)397-4100

(12/95)CR2E034