FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 AUG 10 AM 11:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000022970 (5)

1. Corporation Name
RIDGE DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
P.O. BOX 271772 TAMPA FL 33688	P.O. BOX 271772 TAMPA FL 33688

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/21/1994
3a. Date of Last Report:

2. Principal Place of Business
21 P.O. Box 7530
22 Suite, Apt. #, etc.
23 City & State: Winter Haven, FL
24 Zip: 33883
25 Country:

2a. Mailing Address
26 P.O. Box 7530
27 Suite, Apt. #, etc.
28 City & State: Winter Haven, FL
29 Zip: 33883
30 Country:

4. FEI Number: 59-3239767 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

STRALEY, MARK K
100 S ASHLEY DR
SUITE 1500
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name: Mark E. Schreiber
82 Street Address (P.O. Box Number is Not Acceptable):
83: 549 Pope Ave.
84 City: Winter Haven FL 85 Zip Code: 33881

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	BUCK, DONALD A	1.2 NAME	
STREET ADDRESS	P.O. BOX 271772 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33688	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	SCHREIBER, MARK E	2.2 NAME	
STREET ADDRESS	P.O. BOX 7530 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33883	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 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)(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: _____ Mark E. Schreiber 813-291-0731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0304020 CP