

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

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



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

95 MAY -1 PM 5:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000024290

1. Corporation Name

MANDARIN Ridge Development
CORPORATION

Principal Place of Business

Mailing Address

2980 OLD ORCHARD ROAD
JACKSONVILLE, FL.
32257

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3/30/94	3a. Date of Last Report N/A
4. FEI Number 59-3234409	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc

Suite, Apt #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHN MOLASSO, V.P.
2980 OLD ORCHARD ROAD
JACKSONVILLE, FL.
32257

B1 Name JOHN MOLASSO, V.P.
B2 Street Address (P.O. Box Number is Not Acceptable)
2980 OLD ORCHARD ROAD.
B3
B4 City JACKSONVILLE FL B5 Zip Code 32257

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE John Molasso, Vice President DATE 4/27/95
Signature/Typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when re-registering.

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME CHARLES F. MARSHALL, SR.
STREET ADDRESS 2980 OLD ORCHARD RD.
CITY ST ZIP JACKSONVILLE, FL. 32257

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

TITLE V.P.
NAME JOHN MOLASSO
STREET ADDRESS 2980 OLD ORCHARD RD.
CITY ST ZIP JACKSONVILLE, FL. 32257

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

100001478201
-05/08/95--01018--021
****208.75 ****208.75

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

PT 511

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.

SIGNATURE: John Molasso V.P. DATE 4/27/95 9046365813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Corporate Filing #)