

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90066 002 ***150.00

0435459

DOCUMENT # P94000038481

1. Corporation Name
RIDGE PALLETS, INC.

Principal Place of Business
1470 HIGHWAY 17 SOUTH
BARTOW FL 33830

Mailing Address
POST OFFICE BOX 819
BARTOW FL 33830
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/23/1994

4. FEI Number

59-3246017

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

FLETCHER, CASEY A
1470 HIGHWAY 17 SOUTH
BARTOW FL 33830

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DCOO	<input type="checkbox"/> DELETE
NAME	HOLLAND, A.E. JR.	
STREET ADDRESS	1470 HIGHWAY 17 SOUTH	
CITY-ST-ZIP	BARTOW FL	
TITLE	DCDO	<input checked="" type="checkbox"/> DELETE
NAME	FRASER, TROY	
STREET ADDRESS	1470 HIGHWAY 17 SOUTH	
CITY-ST-ZIP	BARTOW FL	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	MAULTSBY, VANCE K JR.	
STREET ADDRESS	1470 HIGHWAY 17 SOUTH	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	SCAO	<input type="checkbox"/> DELETE
NAME	FLETCHER, CASEY A	
STREET ADDRESS	1470 HIGHWAY 17 SOUTH	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SYKES, STEPHEN C	
STREET ADDRESS	1470 HIGHWAY 17 SOUTH	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRIDWELL, TUCKER S	
STREET ADDRESS	1470 HIGHWAY 17 SOUTH	
CITY-ST-ZIP	BARTOW FL 33830	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)