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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATI

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000085614 (3)

RIDGE PROPERTIES OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

FILED Apr 28 1997 8:00am Secretary of State



247 E STUART AVE LAKE WALES FL 33853		247 E STUART AVE LAKE WALES FL 33853-3712						
					3. Date Incorporated or Qualified 11/21/1994	3a. Date of Last R 05/09/1996	leport	
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number	A	pplied For	
21		26			59-3290209	No	ot Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24	Country 25	Zip 29	30 Coun		8. This corporation has liability for Florida Statutes	invangible tax under s. 199.032, Y Yes No		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
SEAY, JULIE S					81 Name			
247 E STUART AVE LAKE WALES FL 33853			82		ddress (P.O. Box Number is Not Acceptat	ole)		
9 11 12	. 11/1020 / 2 00000			83				
l				84 City		FL	Code	
11. Pursuant i office or re agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Star m familiar with, and accept the obli	502 and 607.1508, Florida State of Florida Such change way gations of, Section 607.0505,	tutes, the at is authorized Florida Stat	oove-named corporates.	orporation submits this statement for the paration's board of directors. I hereby acceptation	ourpose of changing i of the appointment as	ts registered registered	
SIGNATURE	Signature, typed or printed name of registered a	gent and title 4 appheable (A	VOTI : Begistered	l Agent signature re	equired when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS 13.			ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTOR	RS IN 12		
TITLE	DPST	☐ DELETE 1.1 T		LE		☐ Change	Addition	
NAME			1.2 N	ME			;	
STREET ADDRESS	P O BOX 740 N/A		1.3 \$					
CITY-ST-ZIP			TY-ST-ZIP					
TITLE		☐ DELETE	211	TLE		☐ Change	☐ Addition G	
NAME			5.5 μ				ł	
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NAME			3.2 N/	ļ				
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NAME			5.2 N			- •	_	
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NAME		_	62 N			•		
STREET ADDRESS			1	REET ADDRESS			j	
CITY-ST-ZIP				TY-ST-ZIP			}	
VIII 01-EH	l					1.6 21 226 31		

I do 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 comporation 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 of Block 13 if changed, or on an attachment with an address.

WARRY (911) 108-133