

SECOND-NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P95000030658** ✓

1. Corporation Name

RIDLEY OWENS, INC.

Principal Place of Business

6312 N.W. 18TH DRIVE
SUITE 100
GAINESVILLE FL 32653

Mailing Address

6312 N.W. 18TH DRIVE
SUITE 100
GAINESVILLE FL 32653

FILED
Jul 19, 1999 8:00 am
Secretary of State

07-19-1999 90014 005 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/12/1995

4. FEI Number

54-1779021

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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

RIDLEY, JAMES L JR.
441 SW 35TH TERRACE
GAINESVILLE FL 32608

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 **D** ☐ DELETE

NAME **RIDLEY, JAMES L JR.**
STREET ADDRESS **4410 SW 35TH TERRACE**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **D** ☐ DELETE

NAME **OWENS, CLYDE A**
STREET ADDRESS **6312 NW 18TH DR**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE:

SIGNATURE REQUIRED

Date Daytime Phone #

27-99 352-3781608

CR2E034 (5/99)

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RIDLEY OWENS INC.

DETENTION EQUIPMENT CONTRACTING & SUPPLY

6312 N.W. 18th Drive
Suite 100
Gainesville, Florida 32653

Phone (352) 335-6218
Fax (352) 336-1107

July 9, 1999

Division of Corporations
Annual Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

RE: 1999 Corporate Annual Report

Dear Sirs/Maam:

We just received a second notice that we had not yet filed out Corporate Annual Report for 1999. Please accept our enclosed Report and the \$150.00 filing fee. We ask that the penalty for late filing be waived as we did not receive the original annual report which would have prompted us to file this report timely.

Thank you for your understanding and cooperation in this matter.

Sincerely,

Jim Severance,
Controller