

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

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



FLORIDA DEPARTMENT OF STATE  
Sandra P. Morthart  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P95000088960 (6)**

1. Corporation Name

**THE BRIDGENS CORP.**



Principal Place of Business

**1000 NW 17TH AVE  
BOCA RATON FL 33486**

Mailing Address

**1000 NW 17TH AVE  
BOCA RATON FL 33486**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

26. Mailing Address

25 Suite, Apt. #, etc.

27 City & State

29 Zip Country

3. Date Incorporated or Qualified  
**11/20/1995**

3a. Date of Last Report

4. FEI Number

**65-0626000**

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

**DURANTE, PATRICIA  
6971 N FEDERAL HIGHWAY SUITE 304  
BOCA RATON FL 33487**

10. Name and Address of New Registered Agent

81 Name

**Jane Bridgens**

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

**1000 NW 17th Ave.**

83

84 City

**Boca Raton**

**FL**

85 Zip Code

**33486**

1. 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

*Jane E. Bridgens*

Signature of registered agent and, if applicable, the corporation's board of directors.

(NOTE: Registered Agent signature required when reappointing)

**4/25/96**

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **BRIDGENS, JANE**  
STREET ADDRESS **1000 NW 17TH AVE**  
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE **D** ☐ DELETE  
NAME **BRIDGENS, ROBERT**  
STREET ADDRESS **1000 NW 17TH AVE**  
CITY-ST-ZIP **BOCA RATON FL 33486**

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

**300001814209**

**05/09/96-01009-0**

**\*\*\*200.00**

**19**

**5-1-96**

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:

*Jane E. Bridgens*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/12/96**

DATE

**407-395-1806**

DAYTIME PHONE #

CR2E034 (12/95)