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

PROFIT CORPORATION ANNUAL REPORT

1999



9. Name and Address of Current Registered Agent

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

30

DOCUMENT # P96000026801

RIDGEWOOD INVESTORS, INC		
Principal Place of Business	1 10013001 JID 10110 BINE BBINE BBINE BBINE BBINE HBIS AND	
4260 SE 20TH PL., #703 CAPE CORAL FL 33904	4260 SE 20TH PL #703 CAPE CORAL FL 33904	DO NOT WRITE IN THIS SPACI
		3. Date Incorporated or Qualifed 03/21/1996
2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0657287
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certifcate of Status Desired . \$8.
City & State	City & State	6. Election Campaign Financing S5 Trust Fund Contribution A
Zip Country	Zip Country	8. This corporation owes the current year Intangible

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90035 024 ***150.00



Personal Property Tax.

10. Name and Address of New Registered Agent

Applied For

\$8.75 Additional

Fee Required \$5.00 May Be

Added to Fees

☐ Yes

ØN₀

Not Applicable

HAMMER, RICHARD 4260 SE 20TH PL., #703				.,,,,,,	,		
			82	Street	t Address (P.O. Box Number is Not Acceptable)		
CAPI	E CORAL FL 33904		83				1
			24	<u> </u>		85 Z	ip Code
			84	City	Fl	_ 65 2	p code
office or ri	to the provisions of Sections 607.0502 and 607.1508, egistered agent, or both, in the State of Florida. Such m familiar with, and accept the obligations of, Section	change was auth	onzea by	the corp	d corporation submits this statement for the purpose or poration's board of directors. I hereby accept the apport	f changing intment as	its registered registered
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Re	gistered Ager	1 signature	e required when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS IN 12
TITLE	D	DELETE	1.1 TITLE			Chang	ge Addition
NAME	HAMMER, RICHARD		1.2 NAME				ĺ
STREET ADDRESS	4260 SE 20TH PL., #703		1.3 STREET	ADDRESS	s		
CITY-ST-ZIP	CAPE CORAL FL 33904		1.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	2.1 TITLE			Chang	ge 🔲 Addition
NAME !			2.2 NAME				!
STREET ADDRESS			2.3 STREE	TADORESS	s		
CITY-ST-ZIP	لى ئىلىكى ئى ئىلىكى ئىلىكى ئىلىك		2.4 CITY-S	T-ZIP	المرازيج المنوس		-
TITLE		DELETE	3.1 TITLE			☐ Chang	ge 🔲 Addition
NAME	•		3.2 NAME				
STREET ADDRESS			3.3 STREE	TADDRESS	s		
CITY-ST-ZIP			3.4. CITY- 9	T-ZIP			
TITLE		□ DELETE	4.1 TITLE		T	Chang	ge 🔲 Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS	s		
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Chan	ge 🗌 Addition
NAME		-	5.2 NAME		·		
STREET ADDRESS			5.3 STREE	TADDRESS	s		
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		DELETE	6.1 TITLE			Chan	ge
NAME			6.2 NAME				
STREET ADDRESS		j	6.3 STREE	TADDRESS	s		
CITY-ST-ZIP			6.4 CITY-S		<u> </u>		
14. I hereby	certify that the information supplied with this filing does	not qualify for th	e exempt	ion state	ed in Section 119.07(3)(i), Florida Statutes. I further ce	artify that th	e information

plemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am ar r the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in n an attachment with an address, with all other like empowered. officer or director of the corporation or the receiver or Block 12 or Block 13 if changed, or on an attachment.

SIGNATURE:

941-945-7266