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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000030599 (0)

SWEETWATER RIDGE, INC.

Principal Place of Business Mailing Address 3840 CROWN POINT ROAD 3840 CROWN POINT ROAD SUITE A SUITE A DO NOT WRITE IN THIS SPACE JACKSONVILLE FL 32257 JACKSONVILLE FL 32257 3. Date Incorporated or Qualified 04/02/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3376319 Not Applicable 26 Suite, Apt. #, etc. Suito, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 26 Zip Country Country Zib This corporation owes or has paid the current year Intangible X Yes 24 25 30 Personal Property Tax due June 30. □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KNOWLES, MARK A 3840 CROWN POINT ROAD 62 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32257 83 84 City Zip Code 85 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 11 TITLE Change Addition COLLINS, J D NAME 1.2 NAME CR2E634 3840 CROWN POINT ROAD STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32257 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE V/T KNOWLES, MARK A KNOWLES, MARK A. 2.2 NAM8 3840 CROWN POINT ROAD STE A 3840 CROWN POINT ROAD, STE STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 32257 CITY-ST-ZIP 2.4 CITY-ST-ZIP JACKSONVILLE, FL 32257 DELETE Change Addition TITLE 3.1 TITLE HOLLAND, BEVERLY J NAME 3.2 NAME 3840 CROWN POINT ROAD STE A STREET ADDRESS 3.3 STREET ADDRESS JACKSONVILLE FL 32257

CITY-ST-ZIP 14. Thereby certify that the Information supplied with this filling 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 of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information indicated on this annual report of supplemental annual report in the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information indicated on this 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 of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certified that the information indicated on this 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 of the corporation of the receiver of the corporation of the corporatio

3.4. CITY-ST-ZIP

4.4 City - St - ZiP

5.3 STREET ADDRESS

54 CITY-ST-ZIP

4.1 TITLE

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE NAME

DELETE

DELETE

DELETE

MARK A. KNOWLES, TREASURER **JANUARY 20, 1998** 904-268-8500

FILED

Feb 12 1998 8:00am

Secretary of State

Change

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☐ Addition

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