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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000084986 (4)

CENTRAL FLORIDA RIDGE ASSOCIATES, INC.

3. Date Incorporated or Qualified 10/11/1998  2. Principal Place of Business 2a. Malling Address 4. FEI Number 59 - 34/01/872/ Not Applied For 59 - 34/01/872/ Not Applied For 59 - 34/01/872/ Safe State Suffer Clifs & State Cli
Suite Apt.   etc.   Suite, Apt.   etc.   e
Suite Apt. # etc.  Suite Apt. #, etc.  Suite Apt. #, etc.  City & State  Country  Addet to Fees  Addet to Fees
City & State
City & State  Trust Fund Contribution  Added to Fees  Trust Fund Contribution  Added to Fees  Added to Fees  Trust Fund Contribution  Added to Fees  Trust Fund Contribution  Added to Fees  8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes  Fl
28
Zip   Country   Zip   Country   Zip   Country   State   State   Country   State
9. Name and Address of Current Registered Agent  JOHNSON, GARY D  350 FIRST STREET NORTH WINTER HAVEN FL 33881  82 Street Address (P.O. Box Number is Not Acceptable)  83 PL Registered Agent is Not Acceptable.  84 City  FL Registered Agent is 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.  85 Zip Code  86 City  FL Registered Agent in the State of Current Registered Agent and the Mappicable (NOTE: Registered Agent eignature required when reinstating)  OFFICERS AND DIRECTORS IN 12  OFFICERS AND DIRECTORS IN 12  OCHange Agent Address of New Registered Agent  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Zip Code  FL Registered Agent is Not Acceptable (Not Experiment for the purpose of changing its registered agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  84 City  FL Registered Agent is Not Acceptable)  85 Zip Code  FL Registered Agent is Not Acceptable.  86 Zip Code  FL Registered Agent is Not Acceptable.  87 Description is Not Acceptable.  88 Zip Code  FL Registered Agent is Not Acceptable.  88 Zip Code  FL Registered Agent is Not Acceptable.  89 Zip Code  FL Registered Agent is Not Acceptable.  80 Zip Code  FL Registered Agent is Not Acceptable.  80 Zip Code  FL Registered Agent is Not Acceptable.  81 Description is Not Acceptable.  82 Street Address (P.O. Box Number is Not Acceptable.)
JOHNSON, GARY D 350 FIRST STREET NORTH WINTER HAVEN FL 33881  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 registere 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 pursed name of registered agent and tice if applicable (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS IN 12  DELETE 1.1 Title  Change Addit
350 FIRST STREET NORTH WINTER HAVEN FL 33881  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City   FL   85   Zip Code   85   Zip Code   86   City   FL   86   Zip Code   87   City   FL   88   Zip Code   88   Zip Code   89   City   FL   80   Zip Code   80   City   FL   80   Zip Code   80   City   FL   80   Zip Code   81   City   FL   80   Zip Code   82   Street Address (P.O. Box Number is Not Acceptable)  83   Zip Code   84   City   FL   85   Zip Code   85   Zip Code   86   Zip Code   86   Zip Code   87   City   FL   85   Zip Code   88   Zip Code   89   Zip Code   80   Zip Code   80   Zip Code   80   Zip Code   81   Zip Code   82   Street Address (P.O. Box Number is Not Acceptable) 84   City   FL   85   Zip Code   85   Zip Code   86   Zip Code   86   Zip Code   87   Zip Code   88   Zip Code   88   Zip Code   89   Zip Code   80   Zip Code   80   Zip Code   80   Zip Code   81   Zip Code   82   Zip Code   83   Zip Code   84   City   FL   85   Zip Code   85   Zip Code   86   Zip Code   86   Zip Code   87   Zip Code   88   Zip Code   89   Zip Code   80   Zip Code   80   Zip Code   81   Zip Code   81   Zip Code   82   Zip Code   83   Zip Code   84   Zip Code   85   Zip Code   86   Zip Code   86   Zip Code   87   Zip Code   88   Zip Code   89   Zip Code   80   Zip Code   80   Zip Code   81   Zip Code   81   Zip Code   82   Zip Code   83   Zip Code   84   Zip Code   85   Zip Code   86   Zip Code   86   Zip Code   87   Zip Code   88   Zip Code   89   Zip Code   80   Zip Code   80   Zip Code   80   Zip Code   81   Zip Code   81   Zip Code   82   Zip Code   83   Zip Code   84   Zip Code   85   Zip Code   86   Zip Code   87   Zip Code   88   Zip Code   89   Zip Code   80   Zip Code   80   Zip Code   80   Zip Code   81   Zip Code   81   Zip Code   82   Zip Code   83   Zip Code   84   Zip Code   85   Zip Code   86   Zip Code   87   Zip Code   88   Zip Code   89   Zip Code   80   Zip Code   81   Zip Code   81   Zip Code   82   Zip Code   83   Zip C
WINTER HAVEN FL 33881  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 agent. I am famili ar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature: Signature: typed or present name of registered agent and the lif applicable (NOTE: Registered Agent eignature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  THE D Change Addit
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THLE D DELETE 1.1 TITLE Change Addit
NAME JOHNSON, GARY R 12 NAME
STREET ADDRESS 350 FIRST STREET NORTH 1.3 STREET ADDRESS
CHY - ST - 78P   WINTER HAVEN FL 33881   1.4 CITY - ST - 78P
NAME CHANDRASEKHAR, KOLLAGUNTA S 22 NAME
STREET ADDRESS 350 FIRST STREET NORTH 23 STREET ADDRESS
CHY-SI-ZIP WINTER HAVEN FL 33881 2.4CHY-SI-ZIP
TIFLE D DELETE 3.1 TITLE Change Addit
NAME ALLAM, MAHESH G 32 NAME
STREET ADDRESS 129 S FIFTH ST 33 STREET ADDRESS
CITY-ST-7P HAINES CITY FL 33845 34 CITY-ST-7P
TITLE Change Addit
NAME 4.2 NAME 4.2 CENTER ADDRESS
STREET ADDRESS  6-TY - ST-78P  4.3 STREET ADDRESS  4.4 CRTY - ST-78P  4.4 CRTY - ST-78P
TITLE DELETE 5.1 TITLE Change Addit
NAME 5.2 NAME
STREET ADDRESS 5.3 STREET ADDRESS
CHY+S1-7/P 54 CHY+ST-7/P
CHY+S1-7/P 54 CHY+ST-7/P

14. 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 adjurate 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 effecute 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:

COLOR OF THE COLOR

4-23-91 (941) 293-833L

**FILED** 

May 02 1997 8:00am

Secretary of State

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