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FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90028 018 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000069131

1. Corporation Name

FLORIDA RIDGE REALTY, INC.



Principal Place of Business

Mailing Address

~~XXXXXX~~ ~~XXXXXX~~ ~~XXXXXX~~

~~XXXXXX~~ ~~XXXXXX~~ ~~XXXXXX~~

~~XXXXXX~~ ~~XXXXXX~~ ~~XXXXXX~~

~~XXXXXX~~ ~~XXXXXX~~ ~~XXXXXX~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 3755 W. Lake Hamilton Dr.

Suite, Apt. #, etc.

22

City & State

23 Winter Haven, FL

Zip Country

24 33831

25 U.S.

2a. Mailing Address

26 P. O. Box 1877

Suite, Apt. #, etc.

27

City & State

28 Dundee, FL

Zip Country

29 33838

30 U.S.

3. Date Incorporated or Qualified

08/08/1997

4. FEI Number

59-3496601

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 Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ELLSWORTH W. WAIN JR.
~~XXXXXX~~ ~~XXXXXX~~ ~~XXXXXX~~
~~XXXXXX~~ ~~XXXXXX~~ ~~XXXXXX~~
~~XXXXXX~~ ~~XXXXXX~~ ~~XXXXXX~~
~~XXXXXX~~ ~~XXXXXX~~ ~~XXXXXX~~

10. Name and Address of New Registered Agent

81 Name

Gary W. Carnes

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

3755 W. Lake Hamilton Dr.

83

84 City

Winter Haven

FL

85 Zip Code

33881

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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.)

3/1/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME **ELLSWORTH W. WAIN JR.**

STREET ADDRESS ~~XXXXXX~~ ~~XXXXXX~~ ~~XXXXXX~~

CITY-ST-ZIP ~~XXXXXX~~ ~~XXXXXX~~ ~~XXXXXX~~

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

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CITY-ST-ZIP

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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 **PD** ☒ Change ☒ Addition

1.2 NAME **Gary W. Carnes**

1.3 STREET ADDRESS **3755 W. Lake Hamilton Dr.**

1.4 CITY-ST-ZIP **Winter Haven, FL 33881**

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, with all other like empowered.

SIGNATURE:

3/1/99

941/292-9511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Authorizing Agent

CR2E034 (11/98)

0430715