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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P98000066388**1. Corporation Name

RIDLEY & BRAGG, INC.

Principal Place of Business							
217 SUNSET LANE							
PANAMA CITY BEACH FL 32407							

Mailing Address

217 SUNSET LANE

PANAMA CITY BEACH FL 32407

Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90049 012 ***150.00



DO NOT WRITE IN THIS SPACE

					3. Date Incorporated or Qualifed 07/27/1998			
		10.7			4. FEI Number	I An	olied For	
2. Principal Place of Business 2a. Mailing Address					59-3532538		Applicable	
21 26								
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired Fee Required				
City & State City & State						\$5.00 Added to		
Zip 24	Country 25	Zip 39	Country	/	This corporation owes the current year Intang Personal Property Tax.		X No	
24	9. Name and Address of Current		·		10. Name and Address of New Registered Ag	ent		
			81	Name				
RIDL	ey, kathy l		_					
217	SUNSET LANE		82	82 Street Address (P.O. Box Number is Not Acceptable)				
PANAMA CITY BEACH FL 32407				83				
			84	City	FL	85 Zip C	ode	
office or r	registered agent, or both, in the State or m familiar with, and accept the obligat	of Florida, Such change was auti ions of, Section 607.0505, Florid	norized by la Statute:	tne corpor	corporation submits this statement for the purpose of chartion's board of directors. I hereby accept the appointment of the purpose of the appointment of the purpose of th	nent as reg	jistered	
	Signature, typed or printed name of registered agent		<u> </u>	nt signature rec	quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12	
12.	OFFICERS ANI		13.	—Т		Change	Addition	
TITLE	D NATAVA	☐ DELETE	1.1 TITLE		u,	0.10.190		
NAME	RIDLEY, KATHY L		1.2 NAME				ľ	
STREET ADDRESS				TADDRESS				
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407			ST-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE]] Change	☐ Addition	
NAME	BRAGG, CHARLES G		2.2 NAME					
STREET ADDRESS			2.3 STREE	T ADDRESS				
CITY-ST-ZIP	PANAMA CITY BEACH FL 3240	8	2.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE			_ Change	☐ Addition	
NAME			3.2 NAME	1				
STREET ADDRESS			3.3 STREE	T ADDRESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			_ Change	Addition	
NAME			4. 2 NAME	:				
STREET ADDRESS			4.3 STREE	ET ADDRESS				
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				
TITLE	☐ DELETE					Change	☐ Addition	
NAME			5.2 NAME		•			
STREET ADDRESS			5.3 STREE	ET ADDRESS				
			5.4 CITY-1	ST-ZIP				
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE		(Change	☐ Addition	
			6.2 NAME	İ		=		
NAME				ET ADDRESS				
STREET ADDRESS			6.4 CITY-					
CITY-ST-ZIP			0.4 UIT-	31-AIF		. Mara Abras I		

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 changes, or on an attachment with an address, with all other like empowered.