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

CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000076738 1. Corporation Name

Country

9. Name and Address of Current Registered Agent

25

ELLIOTT, DONALD J

1731 LAKE CLAY DRIVE LAKE PLACID FL 33852

RIDGE GROVES, INC.

LAKE PLACID FL 33852

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

2. Principal Place of Business

Principal Place of Business 1731 LAKE CLAY DRIVE

Mailing Address

1731 LAKE CLAY DRIVE LAKE PLACID FL 33852

2a. Mailing Address

City & State

28

29

Zip

Suite, Apt #, etc.

3. Date Incorporated or Qualifed 10/01/1998 4. FEI Number 59-3635750 5. Certificate of Status Desired

DO NOT WRITE IN THIS SPACE

Applied For Not Applicable

\$8.75 Additional Fee Required

6. Election Campaign Financing \$5.00 May Be Added to Fees

Trust Fund Contribution 8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes

10. Name and Address of New Registered Agent

FILED

99 JUN 25 MM 9: 18

REFERRY OF STATE

LARNSSEE, FLORIDA

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

FL 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.

Country

81

82

83 84 City

30

SIGNATURE		4075.6	egistered Agent signature r	required whose rejectation) DATE		
12.	Signature typed or printed name of registered agent and title if applica OFFICERS AND DIRECTOR		13.	ADDITIONS/CHANGES TO OFFICERS AN	n DIRECTO	DS IN 12
TITLE	D OFFICERS AND DIRECTOR	DELETE	1.1 TITLE		[] Change	Addition
NAME	ELLIOTT, DONALD J	L) Detere	1.2 NAME	P/V/T/S/D	L) onarige	C] Factori
STREET ADDRESS	1731 LAKE CLAY DRIVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE PLACID FL 33852	·	1.4 CITY-ST-ZIP			
TITLE	D	DELETE	2 1 TITLE	000000001	☐ <u>Ghange</u>	Addition
NAME	ELLIOTT, MATT K		2.2 NAME	900002921 -07/01/990	222°	
STREET ADDRESS	1731 LAKE CLAY DRIVE		23 STREET ADDRESS	****150.00	J 100-™ 11 au-u-u-11	10 00 101
CITY-ST-ZIP	LAKE PLACID FL 33852		2 4 CITY-ST-ZIP	4444120°OA	****	50.00
TITLE	0	☐ DELETE	3.1 TITLE		Change	☐ Addition
NAME	Garcia, donna k		3 2 NAME			
STREET ADDRESS	1731 LAKE CLAY DRIVE		3 3 STREET ADDRESS			
CITY-ST-ZIP	LAKE PLACID FL 33852		3.4. O/TY-\$T-Z/P			
TITLE		☐ DELETE	4.1 TITLE		Change	[] Addition
NAME			4.2 NAME			
STREET ADDRESS			43 STREET ADDRESS			
CITY-ST-ZIP			44 CITY-ST-ZIP			
TITLE		DELETE	51 TITLE		Change	[_] Addition
NAME			5.2 NAME			
STREET ADDRESS			53 STREET ADORESS			
CITY-ST-ZIP			5.4 CiTY-ST-ZiP			
TIT) E		DELETE	6 1 TITLE	<u> </u>	E*LChanne	C LAddition

14. Thereby 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 inflicated 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; this formation or the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appear Block 13 if changed of on an attachment with an address, with all other like empowered.

62 NAME

6 3 STREET ADORESS

64 City-ST-ZiP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Jane 13, 1999 Please excesse the delay in Payment as the bill us misfiled ond was just found. in emplete chaos fr several months and meie post now getting reognized. het in this matter. Sincerely, Morald Elliatt