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 # P98000084292 1. Corporation Name

RIBBLE HOLDINGS, INC.

Principal Place of Business 19950 BEACH ROAD 4-N

Mailing Address

19950 BEACH ROAD 4-N TEOLIESTA FL 33469

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90183 030 ***150.00



| TEQUESTA FL 33469 | | TEQUESTA FL 33469 | | | DO NOT WRITE IN THIS SPACE | | | |
|----------------------|---|----------------------------------|----------------------|---------------------------------|---|--------------|-------------|--------------|
| | | | | | 3. Date Incorporated or Qualifed 09/30/1998 | | | |
| 2 Principal Pl | ace of Business | 2a. Mailing Address | 2a. Mailing Address | | | 4 FEI Number | | |
| - | | 26 | | | 65-0866151 | | No | t Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | \$8.75 | Additional | |
| · | | 27 | | 5. Certifcate of Status Desired | | Fee Re | equired | |
| City & State | | City & State | | | 6. Election Campaign Financing | | \$5.00 | May Be |
| ¬ ' | | 28 | | Trust Fund Contribution | | Added | | |
| Zip Country | | Zip | | | | nt year Inta | ngible | . ^ |
| 24 | 25 | 29 3 | 0 | | Personal Property Tax. | | ŬYes | M io |
| 24 | 9. Name and Address of Curre | | <u>-</u> | | 10. Name and Address of New Re | gistered A | gent | · |
| | b. Hallo Bila Hallos of Co. | | 8 | 1 Name | | | | |
| CLAF | RKE, JOHN H | | L | | | la\ | | |
| 19950 BEACH ROAD 4-N | | | 8 | 2 Street Add | dress (P.O. Box Number is Not Acceptab | 18) | | |
| TEQUESTA FL 33469 | | | 8 | 3 | | | | |
| | | | | | | | | |
| | | | 8 | 4 City | | FI | 85 Zip | Code |
| 44 Disease | to the previous of Sections 607 050 | 22 and 607 1508 Florida Statutes | the abo | ve-named cor | poration submits this statement for the pr | urpose of c | hanging its | registered |
| office or re | egistered agent, or both, in the State on familiar with, and accept the obliga | of Florida, Such change was auti | nonzea d | v tne comorai | tion's board of directors. I hereby accept | the appoint | ment as re | gistered |
| SIGNATURE | | | | | | | | \ |
| | Signature, typed or printed name of registered age | | _ | jent signature requi | red when reinstating) | DATE AND | DIDECTO | DC IN 12 |
| 12. | OFFICERS AF | ND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFI | CERS ANL | Change | Addition |
| TITLE | D | ☐ DELETE | 1.1 TITLE | 1 | | | Change | C. Addition |
| NAME | CLARKE, JOHN H | | 1.2 NAM | Ē | | | | |
| STREET ADDRESS | 19950 BEACH ROAD 4-N | | 1.3 STR | ET ADORESS | , | | | |
| CITY-ST-ZIP | TEQUESTA FL 33469 | | 1.4 CITY | ST-ZIP | | | | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | <u> </u> | • | | Change | Addition |
| NAME | CLARKE, MARAGARET | | 2.2 NAM | E | | | | |
| STREET ADDRESS | 19950 BEACH ROAD 4-N | | 2.3 STRE | ET ADORESS | | | | |
| CITY-ST-ZIP | TEQUESTA FL 33469 | | 2. 4 CITY | -ST-ZIP | <u></u> | | | |
| TITLE | 12402011(12 00 100 | ☐ DELETE | 3.1 TITLE | | | | ☐ Change | ☐ Addition |
| NAME | | | 3.2 NAM | E | | | | ļ |
| STREET ADDRESS | | | | ET ADORESS | | | | 1 |
| | | | 3.4. CITY | | | | | |
| CITY-ST-ZIP TITLE | | ☐ DELETÉ | 4.1 TITUE | | | | Change | ☐ Addition |
| NAME | | 3 | 4. 2 NAM | | | | | İ |
| | | | 1 | ET ADORESS | | | | |
| STREET ADDRESS | | | | | | | | |
| CITY-ST-ZIP | | DELETE | 4.4 CITY | | | | Change | Addition |
| TITLE | | ☐ pereie | 5.1 TITLI 5.2 NAM | | | | | |
| NAME | | | | 1 | | | | |
| STREET ADDRESS | | | | ET ADDRESS | | | | |
| CITY-ST-ZIP | | | 5.4 CITY | | | | f Change | Addition |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | | Change | Addition |
| NAME | - | | 6.2 NAM | E | | | | |
| STREET ADDRESS | , | | 6.3 STR | ET ADORESS | | • | | |
| • | | | 0.4000/ | OT 71D | | | | |

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.

561-743-0399