

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90005 034 ***158.75

DOCUMENT # P99000066851

1. Entity Name
SAND RIDGE CONSTRUCTION, INC.



Principal Place of Business
**1225 N.W. AVENUE L
STE 103
BELLE GLADE, FL 33430**

Mailing Address
**1225 N.W. AVENUE L
STE 103
BELLE GLADE, FL 33430**

54025917



2. Principal Place of Business
200 SOUTH MAIN STREET
Suite, Apt. #, etc.

3. Mailing Address
200 SOUTH MAIN STREET
Suite, Apt. #, etc.

03082004 Chg-P CR2E034 (10/03)

City & State
BELLE GLADE, FL 33430

City & State
BELLE GLADE, FL 33430

4. FEI Number
65-0941965

Applied For
Not Applicable

Zip Country
PALM BEACH

Zip Country
PALM BEACH

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TRIPP, H. LARUE
1225 N.W. AVENUE L
STE 103
BELLE GLADE, FL 33430**

7. Name and Address of New Registered Agent

Name
DARRYL D. TRIPP
Street Address (P.O. Box Number is Not Acceptable)
200 SOUTH MAIN STREET
BELLE GLADE
City **FL** Zip Code **33430**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **DARRYL D. TRIPP** *[Signature]* **4/2/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **TRIPP, H. LARUE**
STREET ADDRESS **1225 N.W. AVENUE L**
CITY-ST-ZIP **BELLE GLADE, FL 33430**

TITLE **D** ☒ Delete
NAME **TRIPP, DARRYL D**
STREET ADDRESS **1225 N.W. AVENUE L**
CITY-ST-ZIP **BELLE GLADE, FL 33430**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **DARRYL D. TRIPP**
STREET ADDRESS **200 SOUTH MAIN STREET**
CITY-ST-ZIP **BELLE GLADE, FL 33430**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **DARRYL D. TRIPP** *[Signature]* **4/2/04** **561-996-2301**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #