

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

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90068 015 ***150.00

DOCUMENT # **S47885**

1. Corporation Name

LAKE RIDGE PARTNERS, INC.



Principal Place of Business

**6415 LAKE WORTH RD.
#204
LAKE WORTH FL 33463**

Mailing Address

**6415 LAKE WORTH RD.
#204
LAKE WORTH FL 33463**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/25/1991

2. Principal Place of Business

2a. Mailing Address

21 5700 OLD OCEAN AVE

26 5700 OLD OCEAN AVE

4. FEI Number

65-0259121

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 UNIT J

27 UNIT J

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23 OCEAN RIDGE FLA

28 OCEAN RIDGE FLA

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

Zip Country

Zip Country

24 33435 25 USA

29 33435 30 USA

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MILLER, DUNCAN
6415 LAKE WORTH RD #204
LAKE WORTH FL 33463**

81 Name

RONALD MILLER

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

6065 MARLELLA COURT

83

SARASOTA FLORIDA

84 City

FL

85 Zip Code

34243

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 607.0506, Florida Statutes.

SIGNATURE

Ronald Miller, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **MILLER, DUNCAN**
STREET ADDRESS **6415 LAKE WORTH RD. #204**
CITY-ST-ZIP **LAKE WORTH FL**

1.1 TITLE **PRESIDENT** ☐ Change ☒ Addition
1.2 NAME **RONALD MILLER**
1.3 STREET ADDRESS **6065 MARLELLA COURT**
1.4 CITY-ST-ZIP **SARASOTA FLA 34243**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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:

Ronald Miller, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/99

Date

941-355-7391

Daytime Phone #

CR2F034-11/98

0344368