FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DE**PA**RTMENT OF STATE Sandr**a** B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # V3503

(6)

PARK RIDGE PROPERTY COMPANY															
Principal Place of Business M 18167 US HWY 19 N 660 CLEARWATER FL 34624						alling Address 18167 US HWY 19N 660 CLEARWATER FL 34624 US									
us									3. Date Incorporated or Qualified 05/11/1992	3a. Date of Last Report 05/01/1995					
2. P	rincipal Pla	incipal Place of Business				, Ma ling Address Suite, Apt. #, etc.					4. FEI Number 59-3123892			Applied For Not Applicable	
S 22	Suite, Apt. #, etc.				27						5. Certificate of Status Desired Security Securi				
	City & State				28	City & State				****	Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees	
Zi 24	ip	Country 25			29	Zip Cou 30			,	***************************************	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No				
		9. Name	and Add	dress of Current	Regis	tered Agent					10. Name and Address of New F	legistere	1 Agent		
								81	٨	lame					
JOHNSON, RICHARD C 18167 US HIGHWAY 19 N 660								82	s	Street Add	dress (P.O. Box Number is Not Acceptable)				
								83	†						
CLEARWATER FL 34624								84	C	City	F I 85		85 Z	'ip Code	
11.	Pursuant t	o the provisi	ions of Sc	otions 607.0502	and 60°	7.1508, Florida Statute	s, the	above-i	nari	ned corpo	oration submits this statement for the pu	roose of c	hanging its	registered office	
	or register	ed agent, or	both, in t	the State of Florid	la. Such	ochange was autho <mark>rize</mark> 0505, Florida Statut es .	ed by	the corp	ora	llion's bo	ard of directors. I hereby accept the app	ointment a	ıs registere	d agent. I am	
SIGN	NATURE _	Classificat forced	A SHIP I A	me of registered agents	and the salt a	IKPT		earrho Agai		and a specific	iec whon reinstating!	DAӣ		d :	
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STREE			US HWY 19 N 660					1.3 STREET	ADC	DRESS					
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CITY-S1-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 receivor 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/96

813-530-5522

Daytinie Phone #

CR2E034 (12/95)