

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 01 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000000901 (6)
 1. Corporation Name
RIDGE LIVE STEAMERS, INC.



Principal Place of Business 230 23RD ST SW WINTER HAVEN FL 33880	Mailing Address 230 23RD ST SW WINTER HAVEN FL 33880
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 02/20/1996	3a. Date of Last Report
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
STEWART, LAWRENCE C JR
659 AVE A NW
WINTER HAVEN FL 33881

10. Name and Address of New Registered Agent
 81 Name **RICHARD D. DOBLER**
 82 Street Address (P.O. Box Number is Not Acceptable)
230 23RD ST., S.W.
 83
 84 City **WINTER HAVEN** FL 85 Zip Code **33880**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Richard D. Dobler* **RICHARD D. DOBLER** **7/27/97**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	VANSICKLE, JULIEN E
STREET ADDRESS	540 BRACEY RD
CITY-ST-ZIP	LAKELAND FL 33809
TITLE	D <input type="checkbox"/> DELETE
NAME	WALTER, HENRY W JR
STREET ADDRESS	1625 BUENA VISTA DR
CITY-ST-ZIP	EUSTIS FL 32726
TITLE	D <input type="checkbox"/> DELETE
NAME	DOBLER, RICHARD D
STREET ADDRESS	230 23RD ST SW
CITY-ST-ZIP	WINTER HAVEN FL 33880
TITLE	D <input type="checkbox"/> DELETE
NAME	ELSTON, JACK
STREET ADDRESS	305 W TOM COSTINE RD
CITY-ST-ZIP	LAKELAND FL 33809
TITLE	D <input type="checkbox"/> DELETE
NAME	COLLINS, JOHN
STREET ADDRESS	1205 BRIAR PARK WAY
CITY-ST-ZIP	VALRICO FL 33594
TITLE	D <input type="checkbox"/> DELETE
NAME	NASH, JOE
STREET ADDRESS	2634 TWELVE POINT DR
CITY-ST-ZIP	LAKELAND FL 33811

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	800002258798
6.3 STREET ADDRESS	-08/06/97--01007--006
6.4 CITY-ST-ZIP	***61.25

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 43 if changed, or on an attachment with an address.

CR2E037 (4/97)

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