

FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N960000000901
1. Corporation Name **RIDGE LIVE STEAMERS, INC.**

Principal Place of Business Mailing Address
**230 23RD ST., S.W.
WINTER HAVEN, FL 33880**

3. Date Incorporated or Qualified **02/20/96**
4. FEI Number **59-3366323**
Applied For Not Applicable

21. Principal Place of Business	26. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

B. Name and Address of Current Registered Agent
**RICHARD D. DOBLER
230 23RD ST., S.W.
WINTER HAVEN, FL 33880**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State FL
85. Zip Code

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 _____ (NO!) Registered Agent signature required when re-instating) DATE _____

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-ST-ZIP	

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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard D. Dobler **RICHARD D. DOBLER** 4/24/98 941-291-5384
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)