## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9600000901

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

## **FILED** Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90122 047 \*\*\*\*61.25



2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			Date Incorporated or Qualifed				
21		26				02/20/1996				
Suite, Apt. #, etc. Suite, Apt. #, etc.						4. FEI Number		Apr	olied For	
27						59-3366323		Not	Applicable	
City & State City & State				<u>-</u>		5. Certifcate of Status Desi	red 🔲	~\$8.75 A		
23						3. Certificate of Status Desi		Fee Red	quired	
Zip	Country	Zip	Country	,		6. Election Campaign Finar	ncing	\$5.00 ı	May Be	
24	25	29 3	0			Trust Fund Contribution		Added to	Fees	
	9. Name and Address of Current				10. Name and Address of	New Registered	Agent			
					ie					
DOBLER, RICHARD D				82 Street Address (P.O. Box Number is Not Acceptable)						
230 23RD ST., SW				out out out (i.e. box values is very series)						
WINTER HAVEN FL 33880										
WINTER TAYEN FL 33000				-				85 Zip C	'ode	
			84	City			FL	85 Zip C	oue	
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 needly accept the appointment as registered										
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.										
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: E	Penistered Ana	nt sionatı	re required y	when reinstating)	DATE			
12.	OFFICERS AN	· · · · · · · · · · · · · · · · · · ·	13.			ADDITIONS/CHANGES T	O OFFICERS AN	ID DIRECTO	RS IN 12	
TITLE	D	DELETE	1.1 TITLE					Change	Addition	
NAME	_		1.2 NAME							
	VANSICKLE, JULIEN E			T ANNER	۱ و					
STREET ADDRESS	540 BRACEY RD		1.3 STREET ADDRESS 1.4 CITY+ST-ZIP		~				,	
CITY-ST-ZIP	LAKELAND FL 33809	☐ DELETE	2.1 TITLE	31-ZIP	<del></del>			Change	Addition	
TITLE	D	C bettie	l l						_	
NAME	WALTER, HENRY W JR		2.2 NAME							
STREET ADDRESS	1625 BUENA VISTA DR		2.3 STREE		\$S					
CITY-ST-ZIP	EUSTIS FL 32726			ST-ZIP_				☐ Change	Addition	
TITLE	D DELETE				1	•	•	Change		
NAME	DOBLER, RICHARD D		3.2 NAME							
STREET ADDRESS	230 23RD ST SW		3.3 STREE	T ADDRE	ss					
CITY-ST-ZIP	WINTER HAVEN FL 33880		3.4. CITY-	ST-ZIP					C Addition	
TITLE	D	☐ DELETE	4.1 TITLE					Change	☐ Addition	
NAME	ELSTON, JACK		4. 2 NAME							
STREET ADDRESS	305 W TOM COSTINE RD		4.3 STREE	T ADDRE	ss					
CITY-ST-ZIP	LAKELAND FL 33809		4.4 CITY-5	ST-ZIP						
TITLE	D DELETE							Change	☐ Addition	
NAME	COLLINS, JOHN		5.2 NAME							
STREET ADDRESS	1205 BRIAR PARK WAY		5.3 STREE	T ADDRE	ss					
CITY-ST-ZIP	VALRICO FL 33594		5.4 CITY+5	ST-ZIP						
TITLE	D	☐ DELETE	6.1 TITLE					Change	☐ Addition	
NAME	NASH, JOE		6.2 NAME		.					
STREET ADDRESS	2634 TWELVE POINT DR		6.3 STREE	T ADDRE	SS					
3 INCE I ADDRESS	ZOOT INTELVE FUNTI DR		R A CITY S	2T 7ID	1					

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, with all other like empowered.