

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

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95 MAY -1 PH 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 893000029865
1. Corporation Name
RIDGE MARKETING, INC.

Principal Place of Business: 147 N.W. 2ND ST. WINTER HAVEN, FL 33883
Mailing Address: P.O. BOX 2796 WINTER HAVEN, FL 33883

3. Date Incorporated or Qualified: 4/14/93
3a. Date of Last Report: 1994

21. Principal Place of Business	22. Mailing Address	4. FEI Number: 59-3176140	Applied For: <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22. Suits, Apt. #, etc.	23. Suits, Apt. #, etc.	5. Certificate of Status Desired: <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	24. City & State	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
24. Zip	25. Country	29. Zip	30. Country

9. Name and Address of Current Registered Agent LUTHER C. PARROTT 147 N.W. 2ND STREET WINTER HAVEN, FL 33883		10. Name and Address of New Registered Agent	
B1. Name	ROSIE BEALE		
B2. Street Address (P.O. Box Number is Not Acceptable)	147 N.W. 2ND STREET		
B3.			
B4. City	FL	B5. Zip Code	

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 607.0505, Florida Statutes.

SIGNATURE: _____
Signature (read or printed name of registered agent and the 1 applicable) NOTE: Registered Agent signature required when resigning. DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRES./DIR.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLENDIA PARROTT	1.2 NAME	
STREET ADDRESS	147 N.W. 2ND STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN, FL 33883	1.4 CITY - ST - ZIP	
TITLE	SEC./DIR.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSIE BEALE	2.2 NAME	
STREET ADDRESS	147 N.W. 2ND STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN, FL 33883	2.4 CITY - ST - ZIP	
TITLE	DIR.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUTHER C. PARROTT	3.2 NAME	
STREET ADDRESS	147 N.W. 2ND STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN, FL 33883	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - 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 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.

SIGNATURE: Glenda C. Parrott
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: GLENDIA C. PARROTT, PRESIDENT
DATE: APRIL 28, 1995