FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

STREET ADDRESS CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 481723

(5)

RIDGE ENERGY SAVERS, INC.

Mailing Address

FILED

May 16 1997 8:00am

Secretary of State

1-941-676-2665

106 E. SEMINOLE AVENUE LAKE WALES FL 33853		108 E. SEMINOLE AVENUE LAKE WALES FL 33853-3627					
					3. Date Incorporated or Qualified 08/04/1975	3a. Date of Last 04/05/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	├ -4-	Applied For	
21 135 S. Acuff Road		26 139 5. Acutt Boad		59-1629424 Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired Sequired \$8.75 Additional Fee Required			
22 City & State		City & State		6 Fleetier Compaign Financing			
23 City & State	3	28		Election Campaign Financing Trust Fund Contribution		O May Be d to Fees	
Zip	Country	Zip	Countr	v	8. This corporation has liability for i		~
24	25		30	•	Florida Statutes	Yes 🖸 No	0. 100.002,
-21	9. Name and Address of Curren		1		10. Name and Address of New Re	gistered Agent	
HAR	MELING, THOMAS J.		8.	Name			
	E. SEMINOLE AVE.	82 Street Ad		Street Addre	ess (P.O. Box Number is Not Acceptab	le)	
LAK	E WALES FL 33853			135	5, Acuff Boad		
			83	3			
			84	City		85 7	p Code
44 5		D and CO2 45 OO Florida Cratida	the else		eration submits this statement for the p	FL	ile registered
office or r agent. I a	registered agent, or both, in the State im familiar with, and accept the obligations.	of Florida. Such change was au ations of, Section 607.0505, Flor	ithorized t ida Statuti	by the corporations.	oration submits this statement for the p on's board of directors. I hereby accep	I the appointment	as registered
SIGNATURE	Signature, typed or printed name of registered ago	of and tale if poorly able (BCTE)	Day stored A	gon' signature require	and whose reinstations	DATE	
12.	OFFICERS AND		13.	gis i, aigna are raquire	ADDITIONS/CHANGES TO OFFIC		ORS IN 12
TITLE	PO	☐ DELFTE	1.5 7171.6			Change	e 🔲 Addition
NAME	HARMELING, THOMAS J		1.2 NAME				
STREET ADDRESS	30 PALMETTO ST.		1.3 STRE	1 ADORESS			
CITY-ST-ZIP	BABSON PARK FL		1.4 0(1)	\$T-ZIP			
TITLE	STD	☐ DELETE	2.1 THLE			Chang	e 🔲 Addition
NAME	HARMELING, JUDITH A.		2.2 NAME				
STREET ADDRESS	30 PALMETTO ST.		2.3 STRE	T ADDRESS			
CITY-ST-ZIP	BABSON PARK FL		2. 4 CITY				
TITLE		☐ DELETE	3.1 1ITLE			Chang	e [] Addition
NAME			3.2 NAMI	ţ			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP	410	DELETE	3.4. CITY 4.1 TITLE			Chano	e Addition
NAME			4.1 HICE			CT CHOILE	
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			4.3 SIN	1			
TITLE		DELETE	5.1 TOLE			Chang	e Addition
NAME		_	5,2 NAM	1		_	
STREET ADDRESS				ET ADORESS			
CITY-ST-ZIP			5 4 C(1) Y				
TITLE		☐ DELETE	6 1 TITLE	~-~		☐ Chang	e 🔲 Addition
NAME			6 2 NAM	:			

14. I do 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 eath; 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.

CIA WALLEY TO THE