SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28] Zip

9. Name and Address of Current Registered Agent

PROFIT CORPORATION ANNUAL REPORT

1999

2. Principal Place of Business

JONES, BETTE R

226 S RIDGEWOOD DR SEBRING FL 33870

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 666144

RIDGE MORTGAGE CORPORATION

Principal Place of Business

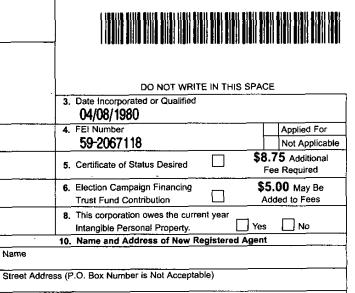
266 S.RIDGEWOOD DRIVE
SEBRING FL 33870

Mailing Address
P.O.BOX 1804
SEBRING FL 33870

SEBRING FL 33871

FILED Jul 06, 1999 8:00 am Secretary of State

07-06-1999 90005 042 ***550.00



85

Zip Code

1. 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

83

City

Country

30

agent. I a	am familiar with, and accept the obligations of, sectio	n 607.0505, F	lorida Statutes.	
SIGNATURE .	Signature, typed or printed name of registered agent and title if applicable	e. (1	NOTE: Registered Agent signature requ	uired when reinstating) DATE
2. OFFICERS AND DIRECTOR		<u> </u>	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1
TITLE	PD	DELETE	1.1 TITLE	Change Add
NAME	Jerry P. Bethea		1.2 NAME	
STREET ADDRESS	226 S RIDGEWOOD DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL 33870		1.4 CITY-ST-ZIP	
TITLE	VPD	DELETE	2.1 TITLE	Change Add
NAME (JONES, BETTE R	_	2.2 NAME	
STREET ADDRESS	226 S RIDGEWOOD DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL		2.4 CITY-ST-ZIP	
TITLE		DELETE	3.1 TITLE	Change Add
NAME		_	3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		DELETE	4.1 TITLE	Change Add
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	·
TITLE		DELETE	5.1 TITLE	Change Add
NAME .			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP	<u> </u>		5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	Change Add
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
ALTY OT 71D			64 CITY ST 7/D	

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

SIGNATURE:

HIGHATURE AND TYPED OR PRINTED NAME OF STOMING OFFICER OR DIRECTO

ER. JONES

-30-49 94-385-3282

CR2E034 (5/99)