4-4-95 B-3005-X6

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

95

APPROVED AND FILED

95 APR -4 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **729003** **(4)**

1. Corporation Name

RIDGE ELECTRONIC SERVICERS' ASSOCIATION, INCORPORATED

Principal Place of Business	Mailing Address
2615 ELLIS AVENUE P.O. BOX 389 EATON PARK FL 33840	2615 ELLIS AVENUE P.O. BOX 389 EATON PARK FL 33840

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/07/1974**
3a. Date of Last Report: **03/25/1994**
4. FEI Number: **59-1869399** ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MUNSON, PETER J.
1701 S FLORIDA AVENUE
LAKELAND FL 33801

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	MCGINNIS, WILLIAM	1.2 NAME	
STREET ADDRESS	1018 MEADOW AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	SCOTT, LARRY	2.2 NAME	
STREET ADDRESS	507 S LAKE PARKER AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, WILLIAM	3.2 NAME	
STREET ADDRESS	219 E. CENTRAL AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	JORDAN, FRED	4.2 NAME	
STREET ADDRESS	1261 34 ST NW	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	WHITE, MARK	5.2 NAME	
STREET ADDRESS	6 N 4TH ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL	5.4 CITY-ST-ZIP	
TITLE	P	6.1 TITLE	☐ Change ☐ Addition
NAME	BRANDT, WALTER S.	6.2 NAME	
STREET ADDRESS	3400 HAVENDALE BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	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)(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: James L. Scott JAMES L. SCOTT 3-21-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0087774