FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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

1. Corporation Name

RIDGE ELECTRONIC SERVICERS' ASSOCIATION, INCORPO RATED

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

3. Date Incorporated or Qualified: **03/07/1974**
3a. Date of Last Report: **04/04/1995**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 | Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 | Country — 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when filing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	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	☑ DELETE	2.1 TITLE	S	☑ Change ☐ Addition
NAME	SCOTT, LARRY		2.2 NAME	Scott, Candice	
STREET ADDRESS	507 S LAKE PARKER AVE		2.3 STREET ADDRESS	1441 Long St.	
CITY-ST-ZIP	LAKELAND FL		2.4 CITY-ST-ZIP	Lakeland, Fl. 33801	
TITLE	D	☐ DELETE	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	☑ DELETE	4.1 TITLE	V	☑ Change ☐ Addition
NAME	JORDAN, FRED		4.2 NAME	Brandt, Walter S.	
STREET ADDRESS	1261 34 ST NW		4.3 STREET ADDRESS	3400 Havendale Blvd,	
CITY-ST-ZIP	WINTER HAVEN FL		4.4 CITY-ST-ZIP	Winter Haven, Fl. 33881	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WHITE, MARK		5.2 NAME		
STREET ADDRESS	8 N 4TH ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	HAINES CITY FL		5.4 CITY-ST-ZIP		
TITLE	P	☑ DELETE	6.1 TITLE	P	☑ Change ☐ Addition
NAME	BRANDT, WALTER S.		6.2 NAME	Barry, Raymond	
STREET ADDRESS	3400 HAVENDALE BLVD		6.3 STREET ADDRESS	1925 Hallam Dr.	
CITY-ST-ZIP	WINTER HAVEN FL		6.4 CITY-ST-ZIP	Lakeland, Fl. 33813	

CR2E037 (12/95)

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

SIGNATURE: Candice Scott Candice Scott — 4/16/96 — 941 533-1111 Ext 207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #