

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

97 AUG 21 PM 2:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**

**DOCUMENT # F94000004595 (4)**

1. Corporation Name  
**RIBE ELECTRICAL FITTINGS, INC.**

Principal Place of Business  
**624A LOVEJOY ROAD  
FT. WALTON BEACH FL 32548  
US**

Mailing Address  
**P.O. BOX 340  
FT. WALTON BEACH FL 32549  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/06/1994** 3a. Date of Last Report **12/02/1996**

4. FEI Number **59-3213884** 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**STRICKLAND, MAGDALENA  
207 MARQUETTE STREET  
NICEVILLE FL 32578**

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 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **C** ☐ DELETE  
NAME **BERGNER, FRANK A**  
STREET ADDRESS **AHNA KLEIN STRASSE 2**  
CITY-ST-ZIP **D-9/126 SCHWABACH, GERMANY**

TITLE **DPST** ☐ DELETE  
NAME **ALDERTON, THOMAS J**  
STREET ADDRESS **424 PELHAM ROAD**  
**FT. WALTON BEACH FL 32547**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **400002278874--5**  
1.4 CITY-ST-ZIP **-08/27/97--01102--016**  
**\*\*\*\*165.00 \*\*\*\*165.00**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 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:

*[Signature]*

8-14-97

CR2E034 (4/97)

  
**RIBE**

**RIBE Electrical Fittings Inc.**

**TEL** 904 664 0656  
**FAX** 904 664 0657

**MAILING ADDRESS**

PO BOX 340  
Fort Walton Beach,  
Florida 32549-0340

**SHIPPING ADDRESS**

624A Lovejoy Rd.  
Fort Walton Beach,  
Florida 32548

August 05, 1997

Division of Corporations  
Annual Reports Section  
PO BOX 1500  
Tallahassee, FL 32302-1500

Dear Sirs,

We have just received your second notification for filing and wish to advise that we did not receive the "first" notification and find ourselves in a difficult situation, especially since our Corporation is inactive.

Acting on advise received from your office we duly submit our check for \$165.00 and trust that this will be acceptable.

Yours Faithfully,



T.J. Alderton