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

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT #

FLORIDA DEPARTMENT OF STATE Sandra B. Mortifam

Secretary of State DIVISION OF CORPORATIONS

(5)

FILED Feb 18 1998 8:00am Secretary of State

RIDGE PRINTING, INC.				·	
					(3 1 1 1 1 1 1 1 1 1
Principal Place	of Rusiness	Mailing Address			
234 E. BULLARD AVE. 234 E. BULLARD AVE. LAKE WALES FL 33853 LAKE WALES FL 33853				DO NOT WRITE IN THE	00405
US US				DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	SPACE
				03/14/1985	
9 Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	400 of 200m.	26		59-2506289	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	•	City & State		Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	 This corporation owes or has paid the cu Personal Property Tax due June 30. 	rrent year (ntangible
24	25 Name and Address of Curren	29 34	<u> </u>	10. Name and Address of New Registered	
. 711			81 Name		/
	NT, KRIS M		Be		e change
	O LAKEVIEW RD (E WALES FL 33853		82 Street Add	ress (P.O. Box Number is Not Acceptable)	onla)
<u> </u>	E WALLS I'L SSOOS		83		
			84 City		85 Zip Code
				FL	• 1 · I
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	Kus Sende	1 Kris M. De		sident 2-12	-98
40	Signature typed or printed name of registered age OFFICERS ANI		legistered Agent/signature requi	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
12.	PVST	DELETE	447000 121	VC 1-	Change Addition
NAME	TANT, KRIS M	_	1.2 NAME B	ender, Kris M. 140 Lakeview Rd. ake Wales, FL	
STREET ADDRESS	1440 LAKEVIEW RD	•	1.3 STREET ADDRESS 14	140 Lakeview Kd.	l:
CITY-ST-ZIP	LAKE WALES FL		1.4 CITY-ST-ZIP	ake Wales, FL	
TITLE		☐ DELETE	2.1 TiTLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		LIDELETE	2. 4 CITY - ST - ZIP		Change Addition
TITLE		DELETE	3.1 TITLE		E CHRIST E AUGILION
NAME DEDECT LEGGES			3.2 NAME 3.3 STREET ADDRESS	· ·	
STREET ADDRESS					[
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS	· ·		5.3 STREET ADDRESS		
CITY-ST-ZIP	· ·		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TATLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP	0-1/- 440 07/0/0 Fledd Cast 4-1	a sife at a sate a fundamental and

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.

1-20-98