

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J82718

(4)

1. Corporation Name

RIDGE TELECOM, INC.

Principal Place of Business

% NICHOLAS G. SCHOMMER
1107 WEIGLE AVENUE
SEBRING FL 33870

Mailing Address

% NICHOLAS G. SCHOMMER
1107 WEIGLE AVENUE
SEBRING FL 33870



2. Principal Place of Business

2a. Mailing Address

21 ROBERT NEAL

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 642 S. COMMERCE

27

City & State

City & State

23 SEBRING, FLA.

28

Zip

Country

Zip

Country

24 33870

25 U.S.

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/15/1987

3a. Date of Last Report

01/24/1995

4. FEI Number

59-2887402

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

MCLEAN, DOUGLAS A.
300 N. CIRCLE AVE
SEBRING FL 33870

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 | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|------|--------------------|--------------------------------------|
| | D | LYBARGER, BRUCE J. | 1115 NE LAKEVIEW DR. SEBRING FL |
| | D | KEITH, JEFFOERY S. | 1010 15TH AVE. SEBRING FL |
| | D | MCLEAN, DOUGLAS A. | 2707 GREENACRE DR. SEBRING FL |
| | D | HURLEY, JAMES P. | THUNDERBIRD ROAD SEBRING FL |
| | D | NEAL, ROBERT | 1107 WEIGLE AVENUE SEBRING FL |
| | D | STOKES, BARNEY | 7625 W. JOSEPHINE ROAD SEBRING FL |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP |
|-----------|--------------------|--------------------|--------------------|
| | 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS |
| | 2.4 CITY-ST-ZIP | 3.1 TITLE | 3.2 NAME |
| | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP | 4.1 TITLE |
| | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP |
| | 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS |
| | 5.4 CITY-ST-ZIP | 6.1 TITLE | 6.2 NAME |
| | 6.3 STREET ADDRESS | 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)(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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #

1/26/96 (904) 385-6966

CR2E034 (12/95)