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Feb 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J 82718

1. Corporation Name

RIDGE TELECOM, INC.

2. Principal Place of Business

Mailing Address

642 S. COMMERCE AVE
SEBRING, FLA 33870

SAME

3. Date Incorporated or Qualified

7/15/87

3a. Date of Last Report

FEB 96

21. Suite, Apt. #, etc.

2a. Mailing Address

22. City & State

27. Suite, Apt. #, etc.

23. Zip

Country

28. City & State

29. Zip

Country

4. FEI Number

592887402

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

10. Name and Address of New Registered Agent

McLEAN, DOUGLAS A.
300 N. CIRCLE

SEBRING, FLA. 33870

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	DELETE
NAME	LYBARGER, BRUCE J.	NA
STREET ADDRESS	P.O. BOX 1102	
CITY-ST-ZIP	SEBRING, FLA. 33872	
TITLE	D	DELETE
NAME	KRITH, JEFFREY S.	
STREET ADDRESS	1010 15TH AVE.	
CITY-ST-ZIP	SEBRING, FLA. 33870	
TITLE	D	DELETE
NAME	McLEAN, DOUGLAS A.	
STREET ADDRESS	2707 GREENACRE DR.	
CITY-ST-ZIP	SEBRING, FLA. 33872	
TITLE	D	DELETE
NAME	HURLEY, JAMES P.	NA
STREET ADDRESS	P.O. BOX 3875	
CITY-ST-ZIP	SEBRING, FLA. 33871	
TITLE	D	DELETE
NAME	NEAL, ROBERT	
STREET ADDRESS	1107 WEIGLE AVE.	
CITY-ST-ZIP	SEBRING, FLA. 33870	
TITLE	D	DELETE
NAME	STOKES, BARNEY	NA
STREET ADDRESS	P.O. BOX 1208	
CITY-ST-ZIP	SEBRING, FLA. 33871	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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***165.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/97 (413) 385-8850

CR2E034 (9/96)