

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90245 016 \*\*\*150.00

DOCUMENT # J82718

1. Corporation Name

RIDGE TELECOM, INC.



Principal Place of Business

1107 WEIGLE AVE  
SEBRING FL 33870  
US

Mailing Address

1107 WEIGLE AVE  
SEBRING FL 33870  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/15/1987

2. Principal Place of Business

21 3708 SPARTA RD

Suite, Apt. #, etc.

22

City & State

23 SEBRING FL

Zip

24 33870

Country

25 HIGHLANDS

2a. Mailing Address

26 3708 SPARTA RD

Suite, Apt. #, etc.

27

City & State

28 SEBRING FL

Zip

29 33870

Country

30 HIGHLANDS

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 owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

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 D  
NAME LYBARGER, BRUCE J.  
STREET ADDRESS P O BOX 1102 N/A  
CITY-ST-ZIP SEBRING FL

☐ DELETE

TITLE D  
NAME KEITH, JEFFOERY S.  
STREET ADDRESS 1010 15TH AVE.  
CITY-ST-ZIP SEBRING FL

☐ DELETE

TITLE D  
NAME MCLEAN, DOUGLAS A.  
STREET ADDRESS 2707 GREENACRE DR.  
CITY-ST-ZIP SEBRING FL

☐ DELETE

TITLE D  
NAME HURLEY, JAMES P.  
STREET ADDRESS P O BOX 3875 N/A  
CITY-ST-ZIP SEBRING FL

☐ DELETE

TITLE D  
NAME NEAL, ROBERT  
STREET ADDRESS 1107 WEIGLE AVENUE  
CITY-ST-ZIP SEBRING FL

☒ DELETE

TITLE D  
NAME STOKES, BARNEY  
STREET ADDRESS P O BOX 1208 N/A  
CITY-ST-ZIP SEBRING FL

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME WARREN HAW  
1.3 STREET ADDRESS 3708 SPARTA RD  
1.4 CITY-ST-ZIP SEBRING FL 33870

☐ Change

☒ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFOERY S. KEITH

Date

1/20/93

Daytime Phone #

(941) 332-2800

CR2E034 (1/1/98)