

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

FILED

Mar 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L97315** (0)
1. Corporation Name
RIDISON-SOUTH, INC.



Principal Place of Business % ANTHONY J. LEGGIO 303 CENTRE ST #102 FERNANDINA BEACH FL 32034-4279	Mailing Address % ANTHONY J. LEGGIO 303 CENTRE ST #102 FERNANDINA BEACH FL 32034-4279
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 801 Beech Street Suite, Apt. #, etc 22 City & State 23 Fernandina Beach, FL Zip 24 32034 Country 25 US	2a. Mailing Address 26 801 Beech Street Suite, Apt. #, etc 27 City & State 28 Fernandina Beach, FL Zip 29 32034 Country 30 US	3. Date Incorporated or Qualified 08/29/1990	4. FEI Number 59-3037375 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent LEGGIO, ANTHONY J. 303 CENTRE ST SUITE 102 FERNANDINA BEACH FL 32034	10. Name and Address of New Registered Agent 81 Name BOB STAM, C.P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 12 South 6th Street 83 Fernandina Beach Fla 84 City FL 85 Zip Code 32034
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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 **Robert Stam** DATE **3/5/98**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWENS, ROBERT W.	1.2 NAME	
STREET ADDRESS	2 SPRING HOUSE RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BERNARDSVILLE NJ	1.4 CITY-ST-ZIP	
TITLE	PST	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASHORE, ELIZABETH	2.2 NAME	P, S, T
STREET ADDRESS	2160 BASHOR RD. #801	2.3 STREET ADDRESS	ELIZABETH ERICKSON
CITY-ST-ZIP	FERNANDINA BEACH FL	2.4 CITY-ST-ZIP	3830 FIRST AVE
TITLE		3.1 TITLE	FERNANDINA BEACH FLA 32034
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: **Elizabeth Erickson** DATE **3/5/98**

CR2E034 (10/97)