

FILE NOW: FILING FEE IS \$61.25

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Mar 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham*</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000000857 (9)**

1. Corporation Name

**RIDGE COMPUTER USERS, INC.**



Principal Place of Business <b>2080 N. US HWY 27 #251 LAKE WALES FL 33853-6802</b>		Mailing Address <b>2080 N. US HWY 27 #251 LAKE WALES FL 33853-6802</b>	
2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	3. Date Incorporated or Qualified <b>02/13/1997</b>	
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	4. FEI Number <b>59-3444593</b>	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
City & State <b>23</b>	City & State <b>28</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
Zip <b>24</b>	Country <b>25</b>	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>AUSTIN, WEB 2080 N. US HWY 27 #251 LAKE WALES FL 33853-6802</b>		10. Name and Address of New Registered Agent	
<b>81</b> Name		<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>		<b>84</b> City	
<b>85</b> Zip Code		<b>FL</b>	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PRESIDENT</b>	NAME <b>William Metcalf</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1435 COUNTRY OAKS BLVD</b>	CITY-ST-ZIP <b>LAKE WALES FL 33853-8506</b>	1.2 NAME	
TITLE <b>VICE PRESIDENT</b>	NAME <b>Jim Baldauf</b>	1.3 STREET ADDRESS	
STREET ADDRESS <b>1130 S HIGHLAND PARK DR</b>	CITY-ST-ZIP <b>LAKE WALES FL 33853-7424</b>	1.4 CITY-ST-ZIP	
TITLE <b>TREASURER</b>	NAME <b>Jim Lueker</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>2060 N US HIGHWAY 27 LOT 75</b>	CITY-ST-ZIP <b>LAKE WALES FL 33853-7889</b>	2.2 NAME	
TITLE <b>SECRETARY</b>	NAME <b>Robert Allen</b>	2.3 STREET ADDRESS	
STREET ADDRESS <b>2060 N US HIGHWAY 27 LOT 211</b>	CITY-ST-ZIP <b>LAKE WALES FL 33853-6801</b>	2.4 CITY-ST-ZIP	
TITLE <b>BOARD-EDITOR</b>	NAME <b>Web Austin</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>2060 N US HIGHWAY 27 LOT 251</b>	CITY-ST-ZIP <b>LAKE WALES FL 33853-6802</b>	3.2 NAME	
TITLE <b>BOARD-TECH</b>	NAME <b>Tom Dion</b>	3.3 STREET ADDRESS	
STREET ADDRESS <b>55 E LAKE DR</b>	CITY-ST-ZIP <b>HAINES CITY FL 33844-9320</b>	3.4 CITY-ST-ZIP	
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Robert E. Allen** Secretary **2-2-1998** **941-676-0812**

CR2E037 (10/97)