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Jan 25, 1999 8:00am
Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N97000000857

1. Corporation Name

RIDGE COMPUTER USERS, INC.

Principal Place of Business

2060 N. US HWY 27
#251
LAKE WALES FL 33853-6802

Mailing Address

2060 N. US HWY 27
#251
LAKE WALES FL 33853-6802



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

02/13/1997

4. FEI Number

59-3444593

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

9. Name and Address of Current Registered Agent

AUSTIN, WEB
2060 N. US HWY 27
#251
LAKE WALES FL 33853-6802

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 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

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 PD
NAME METCALF, WILLIAM
STREET ADDRESS 1435 COUNTRY OAKS BLVD
CITY-ST-ZIP LAKE WALES FL 33853

☐ DELETE

TITLE VPD
NAME BALDAUF, JIM
STREET ADDRESS 1130 S HIGHLAND PARK DR
CITY-ST-ZIP LAKE WALES FL 33853

☐ DELETE

TITLE TD
NAME LUCKER, JIM
STREET ADDRESS 2060 N US HWY 27, LOT 75
CITY-ST-ZIP LAKE WALES FL 33853

☐ DELETE

TITLE SD
NAME ALLEN, ROBERT
STREET ADDRESS 2060 N US HWY 27, LOT 211
CITY-ST-ZIP LAKE WALES FL 33853

☐ DELETE

TITLE D
NAME AUSTIN, WEB
STREET ADDRESS 2060 N US HWY 27, LOT 251
CITY-ST-ZIP LAKE WALES FL 33853

☐ DELETE

TITLE D
NAME DION, TOM
STREET ADDRESS 55 E LAKE DR
CITY-ST-ZIP HAINES CITY FL 33844

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ 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)(l), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-99 941-676-0812

CR2E037 (11/98)