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May 19 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 # P96000056816 (7)

1. Corporation Name

RIPPLE & ASSOCIATES, INC.

Principal Place of Business

6038 HICKORY GROVE LANE
PORT ORANGE FL 32124

Mailing Address

6038 HICKORY GROVE LANE
PORT ORANGE FL 32124-6854



3. Date Incorporated or Qualified

07/05/1986

3a. Date of Last Report

2. Principal Place of Business

21 3111 G OPPORTUNITY COURT

Suite, Apt. #, etc.

22 City & State

23 SOUTH DAYTONA, FL.

Zip

24 32119

Country

25 VOLUSIA

2a. Mailing Address

26 3111 G OPPORTUNITY COURT

Suite, Apt. #, etc.

27 City & State

28 SOUTH DAYTONA, FL

Zip

29 32119

Country

30 VOLUSIA

4. FEI Number

59-3786981

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

PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVENUE
DAYTONA BEACH FL 32115-2491

10. Name and Address of New Registered Agent

81 Name

EDWARD RIPPLE

82 Street Address (P.O. Box Number is Not Acceptable)

6038 HICKORY GROVE LANE

83

84 City

PORT ORANGE

FL

85 Zip Code

32124

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

Edward Ripple
Signature, typed or printed name of registered agent and title, if applicable

EDWARD RIPPLE

(NOTE: Registered Agent signature required when reinstating)

5/11/97
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D
RIPPLE, ED
STREET ADDRESS 6038 HICKORY GROVE LANE
CITY, ST, ZIP PORT ORANGE FL 32124

TITLE ☒ DELETE
NAME D
RIPPLE, SHARON
STREET ADDRESS 6038 HICKORY GROVE LANE
CITY, ST, ZIP PORT ORANGE FL 32124

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PRESIDENT ☒ 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

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 in an attachment with an address.

SIGNATURE:

Edward Ripple
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD RIPPLE, PRES

Date 5/11/97 Daytime Phone #

CR2E034 (9/96)