

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

03/19/99

PROFIT CORPORATION ANNUAL REPORT 1999



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

01/29/1998

DOCUMENT # P98000009087
1. Corporation Name
RIPAKE, INC.



Principal Place of Business: P.O. BOX 30011, PENSACOLA FL 32500
Mailing Address: P.O. BOX 30011, PENSACOLA FL 32503

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 P.O. Box 156, 22 Ocala, FLA., 34470
2a. Mailing Address: 26 P.O. Box 156, 27 Ocala, FLA., 34470
3. Date Incorporated or Qualified: 01/29/1998
4. FEI Number: [] Applied For Not Applicable [X]
5. Certificate of Status Desired: [] \$8.75 Additional Fee Required
6. Election Campaign Financing: [] \$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
**HOVELAND, ROBERT
3151 LEESBURG SQUARE
PENSACOLA FL 32504**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 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: _____ DATE: _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-appointing)

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Robert Hoveland	
STREET ADDRESS	P.O. Box 156	
CITY-ST-ZIP	Ocala, FL 34478	
TITLE	V. Pres. Sec.	<input type="checkbox"/> DELETE
NAME	Pam Hoveland	
STREET ADDRESS	P.O. Box 156	
CITY-ST-ZIP	Ocala, FL 34478	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
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		

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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: _____ DATE: 1/25/99 (352) 620-0706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)