

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 23 AM 10:06

DOCUMENT # V16470

(9)

1. Corporation Name

RIDE THE WAVES, INC.

Principal Place of Business

302 CHELSEA DR
PANAMA CITY BEACH FL 32413

Mailing Address

302 CHELSEA DR
PANAMA CITY BEACH FL 32413

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/25/1992

3a. Date of Last Report

06/24/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

4. FEI Number

59-3122257

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

LEDKINS, ROSE L.
302 CHELSEA DR
PANAMA CITY BEACH FL 32413

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 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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	SD
NAME	LEDKINS, ROSE L.
STREET ADDRESS	302 CHELSEA DR
CITY - ST - ZIP	PANAMA CITY BCH FL
TITLE	PD
NAME	LEDKINS, FELIX D.
STREET ADDRESS	302 CHELSEA DR
CITY - ST - ZIP	PANAMA CITY BCH FL
TITLE	D
NAME	GRACEY, DONNA J.
STREET ADDRESS	311 E. SANDCREEK RD.
CITY - ST - ZIP	ENTERPRISE AL
TITLE	DVP
NAME	GRACEY, HUGH W.
STREET ADDRESS	311 E. SANDCREEK RD.
CITY - ST - ZIP	ENTERPRISE AL
TITLE	D
NAME	RAMSEY, TOMMY
STREET ADDRESS	409 DIXIE DR.
CITY - ST - ZIP	ENTERPRISE AL
TITLE	D
NAME	RAMSEY, SARA C.
STREET ADDRESS	409 DIXIE DR.
CITY - ST - ZIP	ENTERPRISE AL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Rose L. Ledkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-19-95

Date

(904) 233-9162

Telephone Number