

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # V16470 (9)  
1. Corporation Name

RIDE THE WAVES, INC.



Principal Place of Business

Mailing Address

302 CHELSEA DR  
PANAMA CITY BEACH FL 32413

302 CHELSEA DR  
PANAMA CITY BEACH FL 32413

3. Date Incorporated or Qualified 02/25/1992	3a. Date of Last Report 06/23/1995
4. FEI Number 59-3122257	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30  
9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 of Registered Agent (Required when reinstating)

Signature of Registered Agent (Required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	LEDKINS, ROSE L.	
STREET ADDRESS	302 CHELSEA DR	
CITY - ST - ZIP	PANAMA CITY BCH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEDKINS, FELIX D.	
STREET ADDRESS	302 CHELSEA DR	
CITY - ST - ZIP	PANAMA CITY BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRACEY, DONNA J.	
STREET ADDRESS	311 E. SANDCREEK RD.	
CITY - ST - ZIP	ENTERPRISE AL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	GRACEY, HUGH W.	
STREET ADDRESS	311 E. SANDCREEK RD.	
CITY - ST - ZIP	ENTERPRISE AL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RAMSEY, TOMMY	
STREET ADDRESS	409 DIXIE DR.	
CITY - ST - ZIP	ENTERPRISE AL	
TITLE	D	<input type="checkbox"/> DELETE
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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)(k), 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: Rose L. Ledkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-6-96 (904) 233-9162