

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -7 PM 4:29

DOCUMENT # **N40424 (6)**

1. Corporation Name

RAMPERS, INCORPORATED

Principal Place of Business

Mailing Address

AIR PRODUCTS & CHEMICALS, INC.
BOX 467
PENSACOLA FL 32592-0467

AIR PRODUCTS & CHEMICALS, INC.
BOX 467
PENSACOLA FL 32592-0467

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/17/1990** 3a. Date of Last Report **02/22/1994**

4. FEI Number **59-3052393** 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GLOVER, LARRY
4575 HIGHWAY 90 EAST
PACE FL 32571

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

Larry A. Glover

(NOTE: Registered Agent signature required when reinstating)

1-18-95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**
NAME **EDENFIELD, LUCY**
STREET ADDRESS **5685 WINDSONG DR**
CITY-ST-ZIP **MILTON FL**

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

TITLE **VD**
NAME **BONIFAY, W.J., JR**
STREET ADDRESS **1630 BUSH STREET**
CITY-ST-ZIP **PENSACOLA FL**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **TD**
NAME **WELTER, HARRY**
STREET ADDRESS **5709 NICKLAUS LANE**
CITY-ST-ZIP **MILTON FL**

3.1 TITLE Change Addition
3.2 NAME **WELTER, HARRY**
3.3 STREET ADDRESS **4450 PACE LANE**
3.4 CITY-ST-ZIP **MILTON, FL. 32571**

TITLE **T**
NAME **SANDERS, CULLEN E.**
STREET ADDRESS **1735 PATTERSON LANE**
CITY-ST-ZIP **PACE FL**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **T**
NAME **INGRAM, MICHAEL R.**
STREET ADDRESS **5824 COUNTRY CLUB ROAD**
CITY-ST-ZIP **MILTON FL**

5.1 TITLE Change Addition
5.2 NAME **CHENOVER, LINDA (TRUSTEE)**
5.3 STREET ADDRESS **5249 NIMIKERD**
5.4 CITY-ST-ZIP **MILTON, FL 32583**

TITLE **S**
NAME **GLOVER, LARRY**
STREET ADDRESS **4341 BELL LANE**
CITY-ST-ZIP **PACE FL**

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Larry A. Glover

(Signature and typed or printed name of signing officer or director)

1-18-95

DATE

995 904-991-5422

Telephone Number