

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N40424** (6)
1. Corporation Name
RAMPERS, INCORPORATED



Principal Place of Business: **AIR PRODUCTS & CHEMICALS, INC. BOX 467 PENSACOLA FL 32592-0467**
Mailing Address: **AIR PRODUCTS & CHEMICALS, INC. BOX 467 PENSACOLA FL 32592-0467**

3. Date Incorporated or Qualified: **10/17/1990**
3a. Date of Last Report: **02/07/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number 59-3052393	Applied For	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	25	Country	29	Zip	30	Country
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

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	FL	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)			
83				
84	City	FL	85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE	11 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDENFIELD, LUCY		12 NAME				
STREET ADDRESS	5685 WINDSONG DR		13 STREET ADDRESS				
CITY-ST-ZIP	MILTON FL		14 CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> DELETE	21 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BONIFAY, W.J., JR		22 NAME	LARRY GLOVER			
STREET ADDRESS	1630 BUSH STREET		23 STREET ADDRESS	4341 BELL LANE			
CITY-ST-ZIP	PENSACOLA FL		24 CITY-ST-ZIP	MILTON, FL. 32571			
TITLE	T	<input checked="" type="checkbox"/> DELETE	31 TITLE	TRUSTEE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WELTER, HARRY		32 NAME	MIKE GUYTS			
STREET ADDRESS	4450 PACE LANE		33 STREET ADDRESS	5662 BEALE FORD RD.			
CITY-ST-ZIP	MILTON FL		34 CITY-ST-ZIP	PACE, FL. 32571			
TITLE	T	<input checked="" type="checkbox"/> DELETE	41 TITLE	TRUSTEE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SANDERS, CULLEN E.		42 NAME	LAURIE LEANDER			
STREET ADDRESS	1735 PATTERSON LANE		43 STREET ADDRESS	3645 MARKSBAN DR.			
CITY-ST-ZIP	PACE FL		44 CITY-ST-ZIP	PENSACOLA, FL. 32504			
TITLE	T	<input type="checkbox"/> DELETE	51 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CHENEVERT, LINDA		52 NAME	LINDA CHENEVERT			
STREET ADDRESS	5249 NIMITZ RD.		53 STREET ADDRESS	5249 NIMITZ RD.			
CITY-ST-ZIP	MILTON FL		54 CITY-ST-ZIP	MILTON, FL			
TITLE	S	<input type="checkbox"/> DELETE	61 TITLE	TREASURER	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GLOVER, LARRY		62 NAME	W.J. BONIFAY JR.			
STREET ADDRESS	4341 BELL LANE		63 STREET ADDRESS	1630 BUSH ST.			
CITY-ST-ZIP	PACE FL		64 CITY-ST-ZIP	PENSACOLA, FL.			

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: *Larry G. Glover* VICE PRES. 4-9-96 904-995-5422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)