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FILED
May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N40424 (6)
 1. Corporation Name
RAMPERS, INCORPORATED



Principal Place of Business AIR PRODUCTS & CHEMICALS, INC. BOX 467 PENSACOLA FL 32582-0467	Mailing Address AIR PRODUCTS & CHEMICALS, INC. BOX 467 PENSACOLA FL 32582-0467
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3. Date Incorporated or Qualified
10/17/1990

4. FEI Number
59-3052393

Applied For
 Yes Not Applicable

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip	26. Zip
27. Country	28. Country

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent
**GLOVER, LARRY
 4575 HIGHWAY 90 EAST
 PACE FL 32571**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDENFIELD, LUCY	1.2 NAME	
STREET ADDRESS	5685 WINDSONG DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	MILTON FL	1.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLOVER, LARRY	2.2 NAME	
STREET ADDRESS	4241 BELL LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	MILTON FL	2.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPPS, MIKE	3.2 NAME	
STREET ADDRESS	5662 BEALEFORD RD	3.3 STREET ADDRESS	
CITY - ST - ZIP	PACE FL	3.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEAHMANN, LAURIE	4.2 NAME	
STREET ADDRESS	3645 MARJEAN DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL	4.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHENEVERT, LINDA	5.2 NAME	
STREET ADDRESS	5249 NIMITZ RD.	5.3 STREET ADDRESS	
CITY - ST - ZIP	MILTON FL	5.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONFAY, W.J. JR.	6.2 NAME	
STREET ADDRESS	1630 BUSH ST	6.3 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL	6.4 CITY - ST - ZIP	

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 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 A. Glover* **LARRY A. GLOVER** **2-19-98** **850-995-5422**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0078085

CR2E037 (10/97)