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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N40424

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/17/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3052393
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Zip 29	Country 30
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent GLOVER, LARRY 4575 HIGHWAY 90 EAST PACE FL 32571	81 Name	10. Name and Address of New Registered Agent	
	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 Larry Glover, President *Larry Glover* 2-24-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	EDENFIELD, LUCY	1.2 NAME	Glover, Larry
STREET ADDRESS	5685 WINDSONG DR	1.3 STREET ADDRESS	4241 Bell Lane
CITY-ST-ZIP	MILTON FL	1.4 CITY-ST-ZIP	Milton, FL
TITLE	V	2.1 TITLE	VP1
NAME	GLOVER, LARRY	2.2 NAME	Gary Brooks
STREET ADDRESS	4241 BELL LANE	2.3 STREET ADDRESS	1951 Jennifer Lane
CITY-ST-ZIP	MILTON FL	2.4 CITY-ST-ZIP	Pace, FL
TITLE	T	3.1 TITLE	VP2
NAME	CAPPS, MIKE	3.2 NAME	Jason Sasse
STREET ADDRESS	5662 BEALEFORD RD	3.3 STREET ADDRESS	1514 Murfield Road
CITY-ST-ZIP	PACE FL	3.4 CITY-ST-ZIP	Cantonment, FL
TITLE	T	4.1 TITLE	T
NAME	LEAHMANN, LAURIE	4.2 NAME	Candace Puckett
STREET ADDRESS	3845 MARJEAN DR	4.3 STREET ADDRESS	6869 Avendia De Galvez
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	Navarre, FL
TITLE	S	5.1 TITLE	S
NAME	CHENEVERT, LINDA	5.2 NAME	Faye Smith
STREET ADDRESS	5249 NIMITZ RD.	5.3 STREET ADDRESS	111 Brown Road
CITY-ST-ZIP	MILTON FL	5.4 CITY-ST-ZIP	McDavid, FL
TITLE	T	6.1 TITLE	S
NAME	BONIFAY, W.J. JR.	6.2 NAME	Heidi Hancock
STREET ADDRESS	1630 BUSH ST	6.3 STREET ADDRESS	1955 Jennifer Lane
CITY-ST-ZIP	PENSACOLA FL	6.4 CITY-ST-ZIP	Pace, FL

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, with all other like empowered.

SIGNATURE: Larry Glover, President *Larry Glover* 2-24-99 (850)995-5422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)