

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90207 005 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 160636

1. Corporation Name  
RAMGOW INC

Principal Place of Business  
3100 UNIVERSITY BLVD. S. STE 235  
SUITE 200  
JACKSONVILLE FL 32216  
US

Mailing Address  
ATTN: GERALDINE G. BROWN  
3100 UNIVERSITY BLVD. S. STE. 200  
JACKSONVILLE FL 32216  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/25/1950

4. FEI Number

59-6076921

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

8. This corporation owes the current year intangible  
Personal Property Tax. ☒ Yes ☐ 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

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, GERALDINE G  
3100 UNIVERSITY BLVD. S.  
SUITE 200  
JACKSONVILLE FL 32216

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MAGOWAN, FELIX	
STREET ADDRESS	3100 UNIVERSITY BLVD SOUTH SUITE #200	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAGOWAN, ROBIN	
STREET ADDRESS	3100 UNIVERSITY BLVD. S. 235	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAGOWAN, THOMAS	
STREET ADDRESS	3100 UNIVERSITY BLVD. S. 235	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DIRICKSON, RICHARD E	
STREET ADDRESS	3100 UNIVERSITY BLVD. S. 235	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	PT	<input type="checkbox"/> DELETE
NAME	CLARKSON, ROEBRY W	
STREET ADDRESS	3100 UNIVERSITY BLVD. S. 235	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CLARKSON, PATRICIA	
STREET ADDRESS	3100 UNIVERSITY BLVD. S. 235	
CITY-ST-ZIP	JACKSONVILLE FL 32216	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CLARKSON, CHARLES	
1.3 STREET ADDRESS	3100 UNIVERSITY BLVD S. 235	
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32216	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MAGOWAN, MERRILL L.	
2.3 STREET ADDRESS	3100 UNIVERSITY BLVD S. 235	
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32216	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MAGOWAN, PETER M.	
3.3 STREET ADDRESS	3100 UNIVERSITY BLVD S. 235	
3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32216	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	CD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MAGOWAN, MARK	
4.3 STREET ADDRESS	3100 UNIVERSITY BLVD. S. 235	
4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32216	<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		
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 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 607, 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: Patricia H. Clarkson Patricia H. Clarkson 4/30/99 904-359-0045  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)

003706