FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # 300569 (1)

1. Corporation Name

RAM GROUP, INC.

Principal Place of Business

123 E. INDIANA AVE.
P.O. BOX 967
DELAND FL 32721-7967

Mailing Address

123 E. INDIANA AVE.
P.O. BOX 967
DELAND FL 32721-7967

3. Date Incorporated or Qualified: 01/10/1966
3a. Date of Last Report: 02/21/1995
4. FEI Number: 59-1110335 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes. ☒ Yes ☐ No

2. Principal Place of Business
21 125 E. Indiana Ave.
Suite, Apt. #, etc.
22
City & State
23 DeLand, FL
Zip 24 32724 Country 25

2a. Mailing Address
26 125 E. Indiana Ave.
Suite, Apt. #, etc.
27
City & State
28 DeLand, FL
Zip 29 32724 Country 30

9. **Name and Address of Current Registered Agent**

MCMAHAN, RICHARD A.
123 E. INDIANA AVENUE
DELAND FL 32724

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 125 E. Indiana Ave.
83
84 City DeLand FL 85 Zip Code 32724

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 Richard A. McMahan ✓ [signature] DATE 1-23-96

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	MCMAHAN,RICHARD A	
STREET ADDRESS	920 PINE TREE TERR.	
CITY-ST-ZIP	DELAND FL	
TITLE	TS	☐ DELETE
NAME	MCMAHAN, MARY B.	
STREET ADDRESS	920 PINE TREE TERR	
CITY-ST-ZIP	DELAND FL	
TITLE	AS	☒ DELETE
NAME	HOLYCROSS, CONNIE S.	
STREET ADDRESS	123 E INDIANA AVENUE	
CITY-ST-ZIP	DELAND FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1-1 TITLE		☐ Change ☐ Addition
1-2 NAME		
1-3 STREET ADDRESS		
1-4 CITY-ST-ZIP		
2-1 TITLE		☐ Change ☐ Addition
2-2 NAME		
2-3 STREET ADDRESS		
2-4 CITY-ST-ZIP		
3-1 TITLE		☐ Change ☐ Addition
3-2 NAME		
3-3 STREET ADDRESS		
3-4 CITY-ST-ZIP		
4-1 TITLE		☐ Change ☐ Addition
4-2 NAME		
4-3 STREET ADDRESS		
4-4 CITY-ST-ZIP		
5-1 TITLE		☐ Change ☐ Addition
5-2 NAME		
5-3 STREET ADDRESS		
5-4 CITY-ST-ZIP		
6-1 TITLE		☐ Change ☐ Addition
6-2 NAME		
6-3 STREET ADDRESS		
6-4 CITY-ST-ZIP		

CR2E034 (12/95)

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

SIGNATURE: Richard A. McMahan ✓ [signature] 1-23-95 904-736-3797

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #