FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

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

1996 3-7-96 B 1949 C

DOCUMENT # F78331 (8)

1. Corporation Name

RAMAR INDUSTRIES, INC.

Principal Place of Business	Mailing Address
% ROY E. BAKER 902 LIVE OAK TARPON SPRINGS FL 34689-4140	% ROY E. BAKER 902 LIVE OAK TARPON SPRINGS FL 34689-4140

3. Date Incorporated or Qualified: 04/29/1982
3a. Date of Last Report: 03/31/1995

4. FEI Number: 59-2192941 — 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	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

BAKER, ROY E
902 LIVE OAK
TARPON SPRINGS FL 33589

10. Name and Address of New Registered Agent

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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	SHARRITTS, CAROL J		12 NAME	
STREET ADDRESS	902 LIVE OAK STREET		13 STREET ADDRESS	
CITY ST ZIP	TARPON SPRGS, FL 00000		14 CITY ST ZIP	
TITLE	DP	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	SHARRITTS, JAMES L		22 NAME	
STREET ADDRESS	902 LIVE OAK STREET		23 STREET ADDRESS	
CITY ST ZIP	TARPON SPRGS, FL 00000		24 CITY ST ZIP	
TITLE	DST	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	BAKER, MARGERY L.		32 NAME	
STREET ADDRESS	902 LIVE OAK STREET		33 STREET ADDRESS	
CITY ST ZIP	TARPON SPRGS, FL 00000		34 CITY ST ZIP	
TITLE	D	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	BAKER, ROY E		42 NAME	
STREET ADDRESS	902 LIVE OAK STREET		43 STREET ADDRESS	
CITY ST ZIP	TARPON SPRGS, FL 00000		44 CITY ST ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY ST ZIP			54 CITY ST ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY ST ZIP			64 CITY ST ZIP	

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)(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 added above.

SIGNATURE: James L. Sharritts JAMES L. SHARRITTS, PRESIDENT 3-1-96 813-934-0848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)