## Feb 24, 1999 8:00 am Secretary of State 02-24-1999 90101 003 \*\*\*150.00

**FILED** 

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #	F97000006658
1. Corporation Name	. 0,00000000

## **RAMCO ENGINEERING INC**

Principal Place of Business	Mailing Address	
56764 ELK PARK DR.	56764 ELK PARK DR.	
ELKHART IN 46516	ELKHART IN 46516	

|--|--|

ELKHART IN 46516 ELKHART IN 46516			DO NOT WRITE IN TH	IIS SPACE		
			3. Date Incorporated or Qualifed			
			12/16/1997			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For		
21	26		35-1412829	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State	- 100 p	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country	Zip C	ountry	This corporation owes the current year     Personal Property Tax.	Intangible □ Yes □ No		
9. Name and Address of Curi	rent Registered Agent		10. Name and Address of New Registere	ed Agent		
		81 Name	<del></del>			
REED, EDWARD W 795 BENTWATER CIRCLE #201		82 Street Addr	2 Street Address (P.O. Box Number is Not Acceptable)			
NAPLES FL 34108	\$ . · .	83				
		84 City	F	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.

-3						
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Re	gistered Agent signature re	equired when reinstating) DATE		
12.	OFFICERS AND DIRECTORS	. (1012:118	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12
TITLE	P	☐ DELETE	1.1 TITLE	C	Change	Addition
NAME	REED. EDWARD W		1.2 NAME	REED EDWARD W.	,	
STREET ADDRESS	795 BENTWATER CIRCLE #201		1.3 STREET ADDRESS	REED EDWARD W. 795 BENTWATER CIRCLE #	201	
	NAPLES FL 34108		1.4 CITY-ST-ZIP	NAPLES FL 34108		
CITY-ST-ZIP	V	DELETE	2.1 TITLE	P	Change	Addition
	REED. DEE ANNA		2.2 NAME	PITITO DESE ANNA		
NAME	23510 GREENLEAF BLVD		2.3 STREET ADDRESS	REED, DEE ANNA 1205 GREENLEAF BLVO.		
STREET ADDRESS			i l	ELKHART, IN 46514		
CITY-ST-ZIP	ELKHART IN 46514		2.4 CITY-ST-ZIP	ECRIPART, IN 16517	☐ Change	Addition
TITLE	S DEANNA K	DELETE	3.2 NAME		_ ,	
NAME	REED, DEANNA K					
STREET ADDRESS	795 BENTWATER CIRCLE #201		3.3 STREET ADDRESS	•		
CITY-ST-ZIP	NAPLES FL 34108	DELETE	3.4. CITY-ST-ZIP	-	[ ] Change	☐ Addition
TITLE		DELETE	4.1 TITLE		Cloude	
NAME			4, 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			- A 4 200
TITLE		DELETE	5.1 TITLE		Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
πιε		DELETE	6.1 TITLE		Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			
14 I hereby c	ertify that the information supplied with this filing doe	s not qualify for th	e exemption stated	I in Section 119.07(3)(i), Florida Statutes. I further ce	ertify that the in	formation

4. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that it enrichments 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 of 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 privan attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Det ANNA RECO 1/5/99 (3/9) 294-769

Dayline Phone #

K2E034 (11/98)