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Mar 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **H25094** **(4)**

1. Corporate Name
R & N INVESTMENTS, INC.

Principal Place of Business	Mailing Address
606 BALD EAGLE DR., SUITE 500 MARCO ISLAND FL 33937	PO BOX ONE MARCO ISLAND FL 33969 US

3. Date Incorporated or Qualified: **10/11/1984**
3a. Date of Last Report: **03/25/1996**

2. Principal Place of Business — 21:
Street, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **59-2493187** ☐ 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

9. Name and Address of Current Registered Agent

WOODWARD, CRAIG R.
606 BALD EAGLE DR., SUITE 500
ISLAND TOWER BLDG
MARCO ISLAND FL 33937

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 (and head office) and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	RAMAGE, DAVID A.		1.2 NAME	
STREET ADDRESS	2423 OLSON DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	GRAND FORKS ND		1.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	RAMAGE, TROY G.		2.2 NAME	
STREET ADDRESS	2200 LIBRARY CIRCLE		2.3 STREET ADDRESS	
CITY-ST-ZIP	GRAND FORKS ND		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	RAMAGE, TODD, D		3.2 NAME	
STREET ADDRESS	2200 LIBRARY CIRCLE		3.3 STREET ADDRESS	
CITY-ST-ZIP	GRAND FORKS ND		3.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	RAMAGE, JOYCE		4.2 NAME	
STREET ADDRESS	2200 LIBRARY CIR.		4.3 STREET ADDRESS	
CITY-ST-ZIP	GRAND FORKS ND		4.4 CITY-ST-ZIP	
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	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I/We 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 of changed, or on an attachment with an address.

SIGNATURE: Joyce A. Ramage 3-5-97 701-772-7191
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #
Joyce A. Ramage Sec/TREAS.

0525236