

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

FILED

**Jan 27 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 # H35918 (2)

1. Corporation Name
RAMPART HOMES, INC.



Principal Place of Business: **4475-F ASHTON RD SARASOTA FL 34233-9272**
Mailing Address: **4475-F ASHTON RD SARASOTA FL 34233-2272**

3. Date Incorporated or Qualified: **12/28/1984**
3a. Date of Last Report: **04/24/1996**

2. Principal Place of Business: **21** Suite, Apt. #, etc. **22** City & State **23** Zip **24** Country
2a. Mailing Address: **26** Suite, Apt. #, etc. **27** City & State **28** Zip **29** Country **30**
4. FEI Number: **59-2478203** 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: **KING, JOHN R 4475-F ASHTON RD SARASOTA FL 34233-9272**
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 of 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: _____ (NOTE: Registered Agent signature required when reinstating.) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PST <input type="checkbox"/> DELETE	NAME: KING, JOHN R	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 4475-F ASHTON RD	CITY-ST-ZIP: SARASOTA FL	1.2 NAME	
TITLE: VP <input type="checkbox"/> DELETE	NAME: GALLAGHER, CHRISTOPHER G	1.3 STREET ADDRESS	
STREET ADDRESS: 1112 POINT OF ROCKS RD	CITY-ST-ZIP: SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	2.1 TITLE: VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <input type="checkbox"/> DELETE	CITY-ST-ZIP: <input type="checkbox"/> DELETE	2.2 NAME: GALLAGHER, CHRISTOPHER G.	
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	2.3 STREET ADDRESS: 1723 Cheyenne St.	
STREET ADDRESS: <input type="checkbox"/> DELETE	CITY-ST-ZIP: <input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP: Sarasota, FL 34231	
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <input type="checkbox"/> DELETE	CITY-ST-ZIP: <input type="checkbox"/> DELETE	3.2 NAME	
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
STREET ADDRESS: <input type="checkbox"/> DELETE	CITY-ST-ZIP: <input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <input type="checkbox"/> DELETE	CITY-ST-ZIP: <input type="checkbox"/> DELETE	4.2 NAME	
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
STREET ADDRESS: <input type="checkbox"/> DELETE	CITY-ST-ZIP: <input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
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STREET ADDRESS: <input type="checkbox"/> DELETE	CITY-ST-ZIP: <input type="checkbox"/> DELETE	5.2 NAME	
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
STREET ADDRESS: <input type="checkbox"/> DELETE	CITY-ST-ZIP: <input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <input type="checkbox"/> DELETE	CITY-ST-ZIP: <input type="checkbox"/> DELETE	6.2 NAME	
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
STREET ADDRESS: <input type="checkbox"/> DELETE	CITY-ST-ZIP: <input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

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14. I do 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.

SIGNATURE: **John R. King, Pres.** 1/20/97 (941) 925-4835
DATE: _____ DAYTIME PHONE: _____

CR2E034 (9/96)