

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

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May 01 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J19282 (9)  
1. Corporation Name  
RAMCO CONSTRUCTION & DEVELOPMENT CO., INC.

Principal Place of Business  
17410 W. CARNEGIE CIR.  
FT. MYERS FL 33912

Mailing Address  
17410 W. CARNEGIE CIR.  
FT. MYERS FL 33912



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/13/1986	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2692509	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MENARD, MURIEL 18147 CUTLASS DRIVE FT. MYERS BEACH FL 33931				10. Name and Address of New Registered Agent	
81	Name	MENARD, RONALD A			
82	Street Address (P.O. Box Number is Not Acceptable)				
83	City	17410 W Carnegie Circle			
84	City	FL	85	Zip Code	33912

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: RONALD A. MENARD *Ronald A Menard* 4-20-98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MENARD, RONALD A.			1.2 NAME			
STREET ADDRESS	17410 W. CARNEGIE CIR.			1.3 STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS FL			1.4 CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MENARD, ROBERT A			2.2 NAME			
STREET ADDRESS	18147 CUTLASS DR.			2.3 STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS BCH FL			2.4 CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MENARD, MURIEL			3.2 NAME			
STREET ADDRESS	18147 CUTLASS DR.			3.3 STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS BCH FL			3.4 CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MENARD, MELANIE			4.2 NAME			
STREET ADDRESS	17410 W. CARNEGIE CIR.			4.3 STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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 chairman, or on an attachment with an address.

SIGNATURE: *Ronald A Menard* RONALD A. MENARD 3-30-98 9412679060

CR2E034 (10/97)