

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 24 PM 12:38

DOCUMENT # J91292 (9)

1. Corporation Name

RAMPART WATERBLAST, INC.

Principal Place of Business

23500 - 64TH AVENUE SOUTH
KENT WA 98032

Mailing Address

23500 - 64TH AVENUE SOUTH
KENT WA 98032

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
09/04/1987

3a. Date of Last Report
07/22/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0016972

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	TARRANT, RONALD W.
STREET ADDRESS	23500 64TH AVENUE, SOUTH
CITY-ST-ZIP	KENT WA
TITLE	SD
NAME	LENESS, JOHN S.
STREET ADDRESS	23500 64TH AVENUE SOUTH
CITY-ST-ZIP	KENT WA
TITLE	TD
NAME	CROSS, THOMAS A.
STREET ADDRESS	23500 64TH AVENUE, SOUTH
CITY-ST-ZIP	KENT WA
TITLE	V
NAME	NITTINGER, ROBERT
STREET ADDRESS	530 MOON CLINTON ROAD
CITY-ST-ZIP	CORAOPOLIS PA
TITLE	V
NAME	WINKLER, PATRICK
STREET ADDRESS	530 MOON CLINTON ROAD
CITY-ST-ZIP	CORAOPOLIS PA
TITLE	V
NAME	ROBERT L. RACCHINI
STREET ADDRESS	530 MOON CLINTON ROAD
CITY-ST-ZIP	CORAOPOLIS PA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(1)(b), 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 my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John S. Leness

Date

1/11/95 (206) 850-3500

(Signer Print Name)