

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K35825

(4)

1. Corporation Name

RAMADAN HAND INSTITUTE, INC.

Principal Place of Business

**850 EAST MAIN STREET
LAKE BUTLER FL 32054
US**

Mailing Address

**P O BOX 110
LAKE CITY FL 32056
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/23/1988

3a. Date of Last Report

06/09/1994

2. Principal Place of Business

21 407 N. Hernando St.

2a. Mailing Address

Suite, Apt. #, etc.

22

27

City & State

23 Lake City, Florida

City & State

28

Zip

24 32055

Country

25 U.S.

Zip

29

Country

30

4. FEI Number

59-2913224

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**

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**EVANS, REBECCA G.
25 MCFARLANE AVE
LAKE CITY FL 32055**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

407 N. Hernando Street

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 title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
RAMADAN, A. MONEIM
25 MCFARLANE AVE
LAKE CITY FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
EVANS, REBECCA G
25 MCFARLANE AVE
LAKE CITY FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
HADEN, THOMAS
512 W MONTGOMERY ST
LAKE CITY FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

407 N. Hernando Street

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

STD

407 N. Hernando, Street

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
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 119.07(3)(k), 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: Rebecca G. Evans

04-26-95

(904) 752-0906

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number