

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K38279

(1)

1. Corporation Name

RAMP ENGINEERING, INC.



Principal Place of Business

5290 95 ST NO
UNIT F
ST PETERSBURG FL 33708
US

Mailing Address

5290 95 ST NO
UNIT F
ST PETERSBURG FL 33708
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

10/12/1988

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2913899

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

ENGLANDER 7 FISCHER
5959 CENTRAL AVENUE
SUITE 201
ST. PETERSBURG FL 33710

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. 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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCEO ☐ DELETE
NAME SMITH, DAVID C.
STREET ADDRESS 5960 OAKHURST DR
CITY-ST-ZIP SEMINOLE FL

TITLE S ☐ DELETE
NAME HORST, ELLEN
STREET ADDRESS 1180 PARK BLVD NO
CITY-ST-ZIP SEMINOLE FL

TITLE VPO ☐ DELETE
NAME SMITH, EDITH E.
STREET ADDRESS 5960 OAKHURST DR.
CITY-ST-ZIP SEMINOLE FL

TITLE D ☐ DELETE
NAME SHARP, TED
STREET ADDRESS 5111 66TH ST. N. STE 403
CITY-ST-ZIP ST. PETERSBURG FL

TITLE D ☐ DELETE
NAME FAUBION, WILLIAM
STREET ADDRESS 57 HERITAGE PARKWAY
CITY-ST-ZIP SCOTIA NY

TITLE D ☐ DELETE
NAME FAUBION, DIANE
STREET ADDRESS 57 HERITAGE PARKWAY
CITY-ST-ZIP SCOTIA NY

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 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:

David C. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID C SMITH

4/29/96

(813) 399-2976

CR2E034 (12/95)