SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name M68404

(6)

RAMROD CONTRACTING, INC.					
Principal Place of Business Mailing Address P. O. BOX 1151 P. O. BOX 115 SUMMERLAND KEY FL 33042 SUMMERLAND			33042	L 18846 DIA 110 BUNDL IDINI DEBU DUNI DUNI D	adi diski didik didik didik siski 1991
			•	3. Date Incorporated or Qualified 02/08/1988	3a. Date of Last Report 08/24/1995
2. Principal Pl 21	ace of Business	2a. Mailing Address 26		4. FEI Number 65-0089087	Applied For Not Applicable
Suite, Apt #, etc.		Suite Apt #, etc.		5. Certificate of Status Desired	**************************************
City & State	9	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	This corporation has liability for inta- Florida Statutes	angible tax under s 199.032, Yes No
	9. Name and Address of Curr		1551	10. Name and Address of New Regis	stered Agent
OLE RAI RAI	ARR, LYLE D STATE ROAD 4 MROD SHORES MROD KEY FL 33042		83 84 City	Iress (P.O. Box Number is Not Acceptable)	FL 85 Zip Code
agent I ar SiGNATURE	m familiar with and accept the obl	gations of, Section 607.0505, F	lorida Statutes	noration submits this statement for the purp ion's board of directors. I hereby accept th	
	Signature, typed or printed name of registerort a		OFF Registered Agent's gnature requ		DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	STD	L DELETE	1 1 TITLE		Change Addition
NAME	STAR, LYLE LOT 17 BLOCK #3		1.2 NAME		
STREET ADDRESS	SUMMERLAND KEY FL		1.3 STREET ADDRESS		
CITY-SI-ZIP THILE	SUMMERLAND RET PL	DELETE	14 CITY - ST - ZIP 21 TIFLE		Change Addition
NAME		L	22 NAME		— — · · · · · · · · · · · · · ·
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY - ST - ZIP		
TITLE		DELETE	3 1 TITLE		Change Add tion
NAME			32 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		I DELETE	34 CITY-ST-ZIP		Channe Addition
TITLE		DELETE	4 1 TITLE		Change Addition
NAME STREET ADDRESS			4 2 NAME 4 3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			4.4 City-St-Zip		
TITLE		DELETE	5.1 TI*LE		Change Addition
NAME			52 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5.4 City - \$1-2iP		
TITLE		DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP			6 4 CITY - ST - ZIP		
further de made und	rtify that the information indicated a derioath; that I am an office of dire	on this annual report or supplen	nental annual report is true deiver or trustee empowere ent with an address	alify for the exemption stated in Section 119 and accurate and that my signature shall had to execute this report as required by Cha	eave the same legal effect as if apter 617, Florida Statules, and
SIGNAT	URE: JUNE	OR PRINTED NAME OF SIGNING OFFICE	LYLE W. ST	ABR 8/2/96	(305)745-2103