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|---|---|---|--------------------------------------|---|---|---------------------------|--------|---|------------------|-----------------------------------|
| AMOUNT DUE (P CORF ANNU | DN OR BEFORE 8/1 PROFIT PORATION IAL REPORT | IATION WILL BE DI 96: \$225 (IF DISSOLV | SSOI /ED, N | Secreta | JE TO REIN RTMENT C B Morthai ary of State | ISTATE: \$375 DE STATE | .) | | | |
| 1996 DIVISION OF CORPORATIONS | | | | | | | | | | |
| DOCUN 1. Corporation | MENT # | P92000 | 00 | 3639 (1) |) | | | | | |
| RAM TR | RUCKING OF I | NAPLES, INC. | | | | | | | | |
| Principal Place of Business Mailing Address | | | | | | | |) | | |
| 3140 VALENCIA DR. NAPLES FL 33964 | | | 3140 VALENCIA DR. NAPLES FL 33964 | | | | | Date Incorporated or Qualified 11/06/1992 | | tle of Last Report |
| 2. Principal Pl | ace of Business | | 2a. | . Mailing Address | | | | 1 1/00/1992 4. FEI Number | 1 00/ | Applied For |
| n | | | 26 | | | | | 65-0361611 | | Not Applicable |
| Suite, Apt #, etc | | | Suite, Apt. #. etc. | | | | | 5. Certificate of Status Desired | | \$8.75 Additional Fee Required |
| City & State | | | City & State | | | | | Election Campaign Financing Trust Fund Contribution | | \$5.00 May Be Added to Fees |
| Z ip | ⊢¬ | ountry | Ľ | Zip | 30 Co | intry | | 8. This corporation has liability for in Florida Statutes | ntangible Yes | tax under s. 199.032, No |
| 24 | 9 Name and A | ddress of Current F | 29 Regis | tered Agent | [30] | 1 | | 10. Name and Address of New Reg | | J |
| | PLES FL 33964 | | | | 100 46- | 83 84 City | 0010 | ration submits this statement for the pu | FL roose of | 85 Zip Code |
| 11. Pursuant office or reagent. La | to the provisions of registered agent, or im familiar with, and | Sections 607.0502 a both, in the State of accept the obligate | arid 6 Florid ons ol | da. Such change was f, Section 607.0505, F | autnorize Iorida Sta | utes. | oratio | 15 Board of directors Theretry accept | the appear | - |
| SIGNATURE | Slamature typed or printe | or name of registered agent. | and title | | Sider OIL Register | H Ko | nga. | ld A. Massco twhen reinstalling) | CHATE | 18-96 |
| 12. | | OFFICERS AND | | CIORS | 13. | | | ADDITIONS/CHANGES TO OFFIC | ERS AND | DIRECTORS IN 12 Change Addition |
| TITLE | β ρ | MAI D 4 | | [] DEFELE | | IITLE NAME | ρ | nald A. Masseo | | Change Xuminon |
| NAME STREET ADDRESS | MASSEO, RO | | | | | STREET ADDRESS | | 40 Valencia Dr. | | |
| CITY - ST - ZIP | NAPLES FL | | | | | CITY - ST - ZIP | | aples F1 34120 | | |
| TIFLE | | | | DELETE | 2 1 | TITLE | V | <u> </u> | | Change |
| NAME | | | | | | NAME | | erese M. Masseo | | |
| STREET ADDRESS | | | | | | STREET ADDRESS | | 40 VAlencia Pr. 4 ples FI 34120 | | |
| CITY-ST-ZIP TITLE | | | - | DELETE | | CITY - ST-ZIP TITLE | / / | 17105 11 57180 | | Change Addition |
| NAME | | | | | | NAME | | | | |
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| CITY-ST-ZIP | | | | | | C(TY-ST-ZIP | ļ | | | Change Addition: |
| THTLE | | | | DELETE | | TITLE | | | | Change Addition. |
| NAME | | | | | | name Street address | | | | |
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| TITLE | | | • | DELETE | | TITLE | | | | Change Addition |
| NAME | | | | | 52 | NAME | | | | |
| STREET ADDRESS | 1 | | | | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | <u> </u> | | | DELETE | | CITY-ST-ZIP TITLÉ | + | | | Change Addition |
| TITLE | | | | L.J DELLIE | | NAME | | | | |

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

SIGNATURE: Registed A. Masseo 7-18-96 941-353-3752