## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P92000003639 (1)

RAM TRUCKING OF NAPLES, INC.

Principal Place of Business	Mailing Address 3140 VALENCIA DR. NAPLES FL 33964		DO NOT WRITE IN THIS SPACE		
3140 VALENCIA DR. NAPLES FL 33964					
	_		3. Date incorporated or Qualified 11/06/1992		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21	26		_65-0361611	Not Applicable	
Suite, Apl. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required		
City & State	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country 25	Zip 30	Country	8. This corporation owes or has paid the curre Personal Property Tax due June 30.	nt year Intangible Yes No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
MASSEO, RONALD A 3140 VALENCIA DRIVE NAPLES FL 33964		81 Name 82 Street Addr	ess (P.O. Box Number is Not Acceptable)		

City

agent. I a	m familiar with, and accept the obligations of, Section 607.0	505, Florida Si	latutes.	oration's board or directors. Thereby accept the appointment as	18gistered
SIGNATURE	Signature, typed or printed name of registered agent and title d applicable.	(NO1E: Registe	ered Agent signature	required when reinstating) DATE	
12.	OFFICERS AND DIRECTORS	18	··	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	IS IN 12
TITLE	<b>DP</b> DEL	LETE 1,1	TITLE	☐ Change	Addition
NAME	MASSEO, RONALD A	1.2	NAME		
STREET ADDRESS	3140 VALENCIA DR.	1.3	STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	1.4	CITY-ST-ZIP		
TITLE	VP DEL	ETE 2.1	TITLE	☐ Change	Addition
NAME	MASSEO, THERESE M	2.2	NAME		
STREET ADDRESS	3140 VALENCIA DR.	2.3	STREET ADDRESS		
CITY - ST - ZIP	NAPLES FL	2.4	CITY-ST-ZIP		
TITLE	DEL	.ETE 3.1	TITLE	☐ Change	Addition
NAME		3.2	NAME		
STREET ADDRESS		3.3	STREET ADDRESS		
CITY-ST-ZIP		3.4	. CITY-ST-ZIP		
TITLE	☐ DELI	ETE 4.1	TITLE	☐ Change	Addition
NAME		4. 2	NAME		
STREET ADDRESS		4.3	STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	DEL:	ETE 5.1	TITLE	☐ Change	Addition
NAME		5.2	NAME		
STREET ADDRESS		5.3	STREET ADDRESS		
CITY - ST - ZIP		5.4	CITY-ST-ZIP		
TITLE	☐ DEL	.ETE 6.1	TITLE	Change	Addition
NAME		6.2	NAME		
STREET ADDRESS		6.3	STREET ADDRESS		
000 AT 710			0174 07 349		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 receivor 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

3-25-98 941-353-3752

**FILED** 

Mar 31 1998 8:00am

Secretary of State

85

Zip Code