

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAY 26 AM 8:38

DOCUMENT # P94000022086 (0)

1. Corporation Name

RICHARD R. CRAMER, INC.

Principal Place of Business

1950 COURTNEY DRIVE
ROOM ~~207~~ **207**
FORT MYERS FL 33901

Mailing Address

1950 COURTNEY DRIVE
ROOM ~~207~~ **207**
FORT MYERS FL 33901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1994

3a. Date of Last Report

0

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEL Number

65-0487921

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

City & State

23

City & State

28

Zip

Country

24

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CRAMER, R R
1950 COURTNEY DRIVE
ROOM ~~207~~
FORT MYERS FL 33901**

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

Richard R. Cramer

(NOTE: Registered Agent signature required when reinstating)

DATE

5-22-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

CRAMER, R R

STREET ADDRESS

820 LOUIS AVENUE

CITY - ST - ZIP

LEHIGH ACRES FL 33936

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

SECRETARY

☐ Change ☒ Addition

TITLE

D

NAME

CRAMER, LUCILLE A

STREET ADDRESS

820 LOUIS AVENUE

CITY - ST - ZIP

LEHIGH ACRES FL 33936

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

**SECRETARY
RESIGNED**

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 the 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 trustee 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 it changes, or on an addition form with an addition.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard R. Cramer
RICHARD R. CRAMER

DATE

5/22/95 8/3277-0077

Signature of Agent

R. Cramer
R. Cramer