

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

INCORPORATION
APRIL 1, 1995
1995



FLORIDA DEPARTMENT OF STATE
REGISTRATION AND
CORPORATIONS
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AND
CORPORATIONS

FILED
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REGISTRATION AND
CORPORATIONS

95 MAY - 1 PM 1:42

DOCUMENT # P94000036965 (9)

B & P RAMSEY, INC.

1. Name of Corporation: **B & P RAMSEY, INC.**

**300 N.E. 31ST STREET
CAPE CORAL FL 33909**

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CAPE CORAL FL 33909**

(Do not write in this space)

2. Principal Office or Place of Business 21 1202 PINE ISLAND RD, UNIT 2B Date Apr 1, 1995	26 Mailing Address 26 Date Apr 1, 1995	3. Date Incorporated or Qualified 05/13/1994	3a. Date of Last Report
CAPE CORAL, FLORIDA	28	4. FEIN Number 65-0497751	Applied For Not Applicable
24 33909	29	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under S. 199.07g Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
8. Name and Address of Current Registered Agent RAMSEY, BRUCK → (BRUCE) (NOT "BRUCK") 300 N.E. 31ST STREET CAPE CORAL FL 33909			
10. Name and Address of New Registered Agent			
B1 Name RAMSEY, BRUCE	B2 Street Address (P.O. Box Number is Not Acceptable) 300 N.E. 31ST STREET	B3 City CAPE CORAL	B4 Zip Code FL 33909

11. Pursuant to the provisions of Article 6, § 294.17, and 617.175a Florida Statutes, this new registered corporation submits the statement for the purpose of changing its registered office or principal place of business to the state of Florida. The change was authorized by the corporation's Board of Directors. I hereby accept the appointment as registered agent. I am otherwise not doing business under this name in this state.

SIGNATURE

12. OFFICERS, DIRECTORS AND CHIEF EXECUTIVE OFFICERS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
D RAMSEY, BRUCE 300 N.E. 31ST STREET CAPE CORAL FL 33909	4.1 NAME 4.1.1 NAME 4.1.1.1 ADDRESS 4.1.1.2 CITY 4.1.1.3 ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D RAMSEY, PAMELA 300 N.E. 31ST STREET CAPE CORAL FL 33909	4.2 NAME 4.2.1 NAME 4.2.1.1 ADDRESS 4.2.1.2 CITY 4.2.1.3 ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	4.3 NAME 4.3.1 NAME 4.3.1.1 ADDRESS 4.3.1.2 CITY 4.3.1.3 ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	4.4 NAME 4.4.1 NAME 4.4.1.1 ADDRESS 4.4.1.2 CITY 4.4.1.3 ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	4.5 NAME 4.5.1 NAME 4.5.1.1 ADDRESS 4.5.1.2 CITY 4.5.1.3 ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	4.6 NAME 4.6.1 NAME 4.6.1.1 ADDRESS 4.6.1.2 CITY 4.6.1.3 ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	4.7 NAME 4.7.1 NAME 4.7.1.1 ADDRESS 4.7.1.2 CITY 4.7.1.3 ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	4.8 NAME 4.8.1 NAME 4.8.1.1 ADDRESS 4.8.1.2 CITY 4.8.1.3 ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	4.9 NAME 4.9.1 NAME 4.9.1.1 ADDRESS 4.9.1.2 CITY 4.9.1.3 ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	4.10 NAME 4.10.1 NAME 4.10.1.1 ADDRESS 4.10.1.2 CITY 4.10.1.3 ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	4.11 NAME 4.11.1 NAME 4.11.1.1 ADDRESS 4.11.1.2 CITY 4.11.1.3 ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	4.12 NAME 4.12.1 NAME 4.12.1.1 ADDRESS 4.12.1.2 CITY 4.12.1.3 ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	4.13 NAME 4.13.1 NAME 4.13.1.1 ADDRESS 4.13.1.2 CITY 4.13.1.3 ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	4.14 NAME 4.14.1 NAME 4.14.1.1 ADDRESS 4.14.1.2 CITY 4.14.1.3 ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	4.15 NAME 4.15.1 NAME 4.15.1.1 ADDRESS 4.15.1.2 CITY 4.15.1.3 ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	4.16 NAME 4.16.1 NAME 4.16.1.1 ADDRESS 4.16.1.2 CITY 4.16.1.3 ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	4.17 NAME 4.17.1 NAME 4.17.1.1 ADDRESS 4.17.1.2 CITY 4.17.1.3 ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	4.18 NAME 4.18.1 NAME 4.18.1.1 ADDRESS 4.18.1.2 CITY 4.18.1.3 ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	4.19 NAME 4.19.1 NAME 4.19.1.1 ADDRESS 4.19.1.2 CITY 4.19.1.3 ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	4.20 NAME 4.20.1 NAME 4.20.1.1 ADDRESS 4.20.1.2 CITY 4.20.1.3 ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I declare under penalty of perjury that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 117.16(1)(b) Florida Statutes. Further certify that the information contained in 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 the report as required by Chapter 199. Florida Statutes, and that my name appears in Block A or Block B if changed, or in an affixed mark with an address.

SIGNATURE: *Pamela Kay Ramsey (PAMELA KAY RAMSEY)* 4-2795 813-458-0012
SIGNATURE AND TYPE OR PRINT NAME OF SIGNER DIRECTOR