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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 06 1997 8:00am

Secretary of State

Daytime Phone # 0009766

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000073249 (2)

RAMTECH INDUSTRIES, INC.

3709 S.W. 42ND AVENUE 3709 S.W. 42ND AVENUE GAINESVILLE FL 32608 GAINESVILLE FL 32608-2564 3a. Date of Last Report 3. Date Incorporated or Qualified 09/30/1994 12/12/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 ATTLED FOR Not Applicable Suite. Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 8. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Žηρ Country Žιρ 8. This corporation has liability for intangible tax under s. 199.032, Yes 🔲 No 30 Florida Statutes 24 25 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RAMBO, LAWRENCE M JR. 3709 S.W. 42ND AVENUE Street Address (P.O. Box Number is Not Acceptable) #13 83 GAINESVILLE FL 32608 Zip Code 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered Such orange was authorized by the corporation's board of directors. I hereby accept the appointment as registered action 607.0505, Florida Statutes. 11. Pursuant to the provisions of Sections 607.0502 and 607 office or registered ago it or both, in the State of F agent Lam familiar and accept the obligation SIGNATURE (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS (96/6<u>)</u> 12 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition THE **PSTD** 1.1 TITLE RAMBO, LAWRENCE M JR. 1.2 NAME NAME CR2E034 13310 U.S. HIGHWAY 44 3709 S.W. 42ND AVENUE., #13 1.3 STREET ADDRESS STREET ADDRESS MICANOPY, FL 32465 GAINESVILLE FL 32608 1.4 CITY-ST-ZIP COY-ST-7IP Change DELETE Addition THLE 2.1 TITLE NAME 2.2 NAME 2 3 STREET ADDRESS STREET ASORESS 2 4 CITY-ST-ZIP C11 Y - S1 Change DELETE Addition THILE 31 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CHY-ST DELETE Change Addition Tille 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST-ZIP 4.4 CITY - ST - ZIP DELETE ☐ Change Addition THE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-SE-7P 5.4 CITY - ST- ZIP DELETE 6.1 TITLE ☐ Change Addition 100,6 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6 4 CITY-S1-7IP CITY ST. 7(P) 14. I do 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 receiver or trustee imported to execute this report as required by Chapter 607, Florida Statutes; and that my name approars in Block 12 or Block 13 if chanced, or on an attachment with an address.