

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000077944**

1. Corporation Name

RAMCO ENTERPRISES INC.

Principal Place of Business

9764 W TERRY ST
BONITA SPRINGS FL 34135-4419
US

Mailing Address

9764 W TERRY ST
BONITA SPRINGS FL 34135-4419
US

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90106 016 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/21/1994

4. FEI Number

65-0533886

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 **731 18th Avenue NE**

Suite, Apt. #, etc.

22 **Naples, Florida**

City & State

23 **34120** **Collier**
Zip Country US

24 **25**

2a. Mailing Address

26 **731 18th Avenue NE**

Suite, Apt. #, etc.

27 **Naples, Florida**

City & State

28 **34120** **Collier**
Zip Country US

29 **30**

9. Name and Address of Current Registered Agent

RAMEY, WANDA L
9764 W TERRY ST
BONITA SPRINGS FL 34135

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 **731 18th Avenue NE**

84 City **Naples** **FL** **85** Zip Code **34120**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/22/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PSD**
STREET ADDRESS **RAMEY, WANDA L**
CITY-ST-ZIP **9764 W TERRY ST**
BONITA SPRINGS FL

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **RAMEY, CLIFTON R**
CITY-ST-ZIP **9764 W TERRY ST**
BONITA SPRINGS FL

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **KEHOE, MARTIN L**
CITY-ST-ZIP **9764 W. TERRY STREET**
BONITA SPRINGS FL 33923

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **731 18th Avenue NE**
1.4 CITY-ST-ZIP **Naples, Florida 34120**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **731 18th Avenue NE**
2.4 CITY-ST-ZIP **Naples, Florida 34120**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **731 18th Avenue NE**
3.4 CITY-ST-ZIP **Naples, Florida 34120**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 receiver 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, with all other like empowered.

SIGNATURE: **Wanda Ramey** **Wanda Ramey**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/99 **941-352-0116**

Date

Daytime Phone #

CR2E034 (11/98)