

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 04 1996 8:00 am
Secretary of State

DOCUMENT # P95000016529 (6)

1. Corporation Name

R A M PLASTERING, INC.

Principal Place of Business

18191 S.R. 31
N. FT. MYERS FL 33917

Mailing Address

18191 S.R. 31
N. FT. MYERS FL 33917

2. Principal Place of Business

2a. Mailing Address

21 18191 S.R. 31

26 18191 S.R. 31

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Pft. myer FL

28 N. Ft. Myers FL

Zip

Zip

24 33917

29 33917

Country Lee

Country Lee

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/27/1995

3a. Date of Last Report

4. FEI Number

65-0551175

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

MILLIKEN, RICHARD A
18191 S.R. 31
N. FT. MYERS FL 33917

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

Signature, typed or printed name of registered agent and block 11, if applicable

Block 11, if applicable, signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE OFFICER
NAME Rhonda Milliken
STREET ADDRESS 18191 S.R. 31
CITY-ST-ZIP N. Ft. Myers FL 33917

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE OFFICER
2. NAME Rhonda Milliken
3. STREET ADDRESS 18191 S.R. 31
4. CITY-ST-ZIP N. Ft. Myers, FL 33917

2. TITLE
2. NAME
2. STREET ADDRESS
2. CITY-ST-ZIP

3. TITLE
3. NAME
3. STREET ADDRESS
3. CITY-ST-ZIP

4. TITLE
4. NAME
4. STREET ADDRESS
4. CITY-ST-ZIP

5. TITLE
5. NAME
5. STREET ADDRESS
5. CITY-ST-ZIP

6. TITLE
6. NAME
6. STREET ADDRESS
6. CITY-ST-ZIP

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 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

SIGNATURE:

Rhonda Milliken, Rhonda Milliken 1/23/96 941-731-0012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)