

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

FILED
May 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000055817 (7)

1. Corporation Name
BALZ-RAMPY CONSTRUCTION, INC.

Principal Place of Business
505 E. AMELIA STREET
ORLANDO FL 32803

Mailing Address
505 E. AMELIA STREET
ORLANDO FL 32803-5317



2. Principal Place of Business

2a. Mailing Address

21 23 N. Summerlin

26 23 N. Summerlin Ave

22 Orlando FL

27 Orlando FL

23

28

24 32801

25 Orange

29 32801

30 Orange

9. Name and Address of Current Registered Agent

MILLER, BARRY L
230 E. MARKS STREET
ORLANDO FL 32803

3. Date Incorporated or Qualified

07/17/1995

3a. Date of Last Report

04/09/1996

4. FEI Number

59-3326163

☒ 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

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

Signature: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	RAMPY, PHILIP	1.2 NAME	
STREET ADDRESS	505 E. AMELIA STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32803	1.4 CITY - ST - ZIP	
TITLE	STD	2.1 TITLE	
NAME	BALZ, JERRY	2.2 NAME	
STREET ADDRESS	505 E. AMELIA STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32803	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	
NAME	ABBATICCHIO, ROBERT C	3.2 NAME	
STREET ADDRESS	505 E. AMELIA STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32803	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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***330.00

PE
5.19

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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)