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Apr 28 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 # **P96000071609 (7)**

1. Corporation Name
**RAM SYSTEMS, CORPORATION**

| Principal Place of Business | Mailing Address |
|---|---|
| **5905 DONNELLY CIRCLE**<br>**ORLANDO FL 32821** | **5905 DONNELLY CIRCLE**<br>**ORLANDO FL 32821-7665** |

3. Date Incorporated or Qualified: **08/28/1996**
3a. Date of Last Report:

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 4765 Lynbrook Drive | 26 4765 Lynbrook Drive |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 Jacksonville, FL | City & State 28 Jacksonville, FL |
| Zip 24 32207 Country 25 USA | Zip 29 32207 Country 30 USA |

4. FEI Number: 59-3401973 ☐ 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

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| **SIMMONS, ANNEMARIE G**<br>**5905 DONNELLY CIRCLE**<br>**ORLANDO FL 32821** | 81 Name: Clayton A. Simons<br>82 Street Address (P.O. Box Number is Not Acceptable): 4765 Lynbrook Drive<br>83<br>84 City: Jacksonville FL 85 Zip Code: 32207 |

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: Clayton A. Simons (Clayton A. Simons, PTD) 21Apr 97
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 | PTD ☒ DELETE | 1.1 TITLE | PTD ☒ Change ☒ Addition |
| NAME | SIMMONS, ANNEMARIE G | 1.2 NAME | Simons, Clayton A. |
| STREET ADDRESS | 5905 DONNELLY CIRCLE | 1.3 STREET ADDRESS | 4765 Lynbrook Drive |
| CITY-ST-ZIP | ORLANDO FL 32821 | 1.4 CITY-ST-ZIP | Jacksonville, Fl 32207 |
| TITLE | SD ☐ DELETE | 2.1 TITLE | SD ☒ Change ☐ Addition |
| NAME | SIMMONS, CATHEY | 2.2 NAME | Simons, Cathey |
| STREET ADDRESS | 5905 DONNELLY CIRCLE | 2.3 STREET ADDRESS | 4765 Lynbrook Drive |
| CITY-ST-ZIP | ORLANDO FL 32821 | 2.4 CITY-ST-ZIP | Jacksonville, Fl 32207 |
| TITLE | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

CR2E034 (9/96)

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:** Clayton A. Simons (Clayton A. Simons, PTD) 21Apr 97 904-448-5668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0096811