

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

**FILED**  
**May 04 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 'P97000022608 (8)**  
 1. Corporation Name  
**RAM SHEET METAL ASSOCIATES, INC.**



Principal Place of Business <b>9990 ARNOLD ROAD JACKSONVILLE FL 32246</b>	Mailing Address <b>9990 ARNOLD ROAD JACKSONVILLE FL 32246</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/12/1997 5-14-97</b>		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business 21 <b>1518-1 Whitlock Ave</b>		2a. Mailing Address 26 <b>1518-1 Whitlock Ave</b>	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 City & State <b>Jacksonville, FL</b>		28 City & State <b>Jacksonville, FL</b>	
24 Zip <b>32211</b>	25 Country <b>Duval</b>	29 Zip <b>32211</b>	30 Country <b>Duval</b>

8. Name and Address of Current Registered Agent <b>ADAMS, MICHEALYN C 1125 13TH AVENUE NORTH JACKSONVILLE BEACH FL 32250</b>	10. Name and Address of New Registered Agent
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81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	NAME	1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	5 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	1.2 NAME	Kimberly C. Kalapp
STREET ADDRESS	CITY-ST-ZIP	1.3 STREET ADDRESS	305 Odum's Mill Blvd.
STREET ADDRESS	CITY-ST-ZIP	1.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082
TITLE <input type="checkbox"/> DELETE	NAME	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	2.2 NAME	
STREET ADDRESS	CITY-ST-ZIP	2.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME	
STREET ADDRESS	CITY-ST-ZIP	3.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	900002511619
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	-05/05/98--01116--035
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	***150.00
TITLE <input type="checkbox"/> DELETE	NAME	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	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)(f), 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: *Kimberly C. Kalapp*

CR2E034 (10/97)