

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 # P98000038502

1. Corporation Name

RAM CONSTRUCTION SERVICES, INC.

Principal Place of Business

7809 W. COMMERCIAL BLVD.  
TAMARAC FL 33351

Mailing Address

7809 W. COMMERCIAL BLVD.  
TAMARAC FL 33351

FILED  
Apr 09, 1999 8:00 am  
Secretary of State

04-09-1999 90060 024 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/27/1998

4. FEI Number

65-0820231

Applied For  
Not Applicable

5. Certificate of Status Desired: ☒ X

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

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

9. Name and Address of Current Registered Agent

SUBKO, JOHN  
7809 W. COMMERCIAL BLVD.  
TAMARAC FL 33351

10. Name and Address of New Registered Agent

81 Name  
SUBKO, John  
82 Street Address (P.O. Box Number is Not Acceptable)  
2331 NE 497L ST.  
83  
84 City  
LIGHTHOUSE POINT FL 85 Zip Code  
33064

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

*John S. Subko Jr.* JOHN S. SUBKO JR

3-8-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SUBKO, JOHN	
STREET ADDRESS	7809 W. COMMERCIAL BLVD.	
CITY-ST-ZIP	TAMARAC FL 33351	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	ROGERS, VICTOR	
STREET ADDRESS	7809 W. COMMERCIAL BLVD.	
CITY-ST-ZIP	TAMARAC FL 33351	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	FISCHER, JEFF	
STREET ADDRESS	7809 W. COMMERCIAL BLVD.	
CITY-ST-ZIP	TAMARAC FL 33351	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SUBKO, JOHN	
1.3 STREET ADDRESS	2331 NE 497L ST.	
1.4 CITY-ST-ZIP	L.H.P. FL 33064	
2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Rogers, Victor	
2.3 STREET ADDRESS	2331 NE 497L ST.	
2.4 CITY-ST-ZIP	L.H.P. FL 33064	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*John S. Subko Jr.* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-8-99 954-325-3097

CR2F034 (1/98)