FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **240496** **(0)**

1. Corporation Name

TRAWICK CONSTRUCTION COMPANY, INC.

Principal Place of Business	Mailing Address
JAMES L TRAWICK P O BOX 280, 1006 S. BLVD. WEST CHIPLEY FL 32428	PO BOX 280 P O BOX 280, 1006 S. BLVD. WEST CHIPLEY FL 32428 US

3. Date Incorporated or Qualified: **09/23/1960**
3a. Date of Last Report: **01/27/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 PO BOX 280
Suite, Apt. #, etc.
27
City & State
28 CHIPLEY, FL
Zip 29 32428 Country 30 US

4. FEI Number: **59-0907078** ☐ 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

TRAWICK, JAMES L., JR.
1006 S BLVD W
CHIPLEY FL 32428

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 Section 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 (Typed or printed name of person signing) (NOTE: Registered Agent's signature required when name changed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	TRAWICK, BONNIE R.		1.2 NAME	
STREET ADDRESS	1006 S BLVD W.		1.3 STREET ADDRESS	
CITY-ST-ZIP	CHIPLEY FL		1.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	TRAWICK, JAMES L.		2.2 NAME	
STREET ADDRESS	1006 S. BLVD. W.		2.3 STREET ADDRESS	
CITY-ST-ZIP	CHIPLEY FL		2.4 CITY-ST-ZIP	
TITLE	VPD	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	TRAWICK, EDWIN C.		3.2 NAME	
STREET ADDRESS	SINCLAIR ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP	CHIPLEY FL		3.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	TRAWICK, KENNETH W.		4.2 NAME	
STREET ADDRESS	RT. 5, BOX 391		4.3 STREET ADDRESS	
CITY-ST-ZIP	CHIPLEY FL		4.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	TRAWICK, P. CARLOS		5.2 NAME	
STREET ADDRESS	RT. 5, BOX 355		5.3 STREET ADDRESS	
CITY-ST-ZIP	CHIPLEY FL		5.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	TRAWICK, EMMA O.		6.2 NAME	
STREET ADDRESS	1006 S. BLVD W.		6.3 STREET ADDRESS	
CITY-ST-ZIP	CHIPLEY FL		6.4 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)(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: James L Trawick Jr. 2/9/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

James L. Trawick Jr. 904-638-0429
Daytime Phone #

CR2E034 (12/95)