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Jan 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 # 240496 (0)

1. Corporation Name
TRAWICK CONSTRUCTION COMPANY, INC.

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

Mailing Address
P.O. BOX 280
CHIPLEY FL 32428-0280
US



2. Principal Place of Business
21 P O Box 1037, 1555 S Blvd
Suite, Apt. #, etc
22
City & State
23 Chipley, FL
Zip Country
24 32428 25 USA
2a. Mailing Address
26 P. O. Box 1037
Suite, Apt. #, etc
27
City & State
28 Chipley, FL
Zip Country
29 32428 30 US

3. Date Incorporated or Qualified 09/23/1960
3a. Date of Last Report 02/15/1996
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
6. 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)
1555 South Blvd
83
84 City Chipley FL 85 Zip Code 32428

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 of the president or other officer of the corporation, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE T
NAME TRAWICK, BONNIE R.
STREET ADDRESS 1006 S BLVD W.
CITY-ST-ZIP CHIPLEY FL
TITLE PD
NAME TRAWICK, JAMES L.
STREET ADDRESS 1006 S. BLVD. W.
CITY-ST-ZIP CHIPLEY FL
TITLE VPD
NAME TRAWICK, KENNETH W.
STREET ADDRESS RT. 5, BOX 391
CITY-ST-ZIP CHIPLEY FL
TITLE VPD
NAME TRAWICK, P. CARLOS
STREET ADDRESS RT. 5, BOX 355
CITY-ST-ZIP CHIPLEY FL
TITLE SD
NAME TRAWICK, EMMA O.
STREET ADDRESS 1006 S. BLVD W.
CITY-ST-ZIP CHIPLEY FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS 1555 South Blvd
14 CITY-ST-ZIP
21 TITLE ☒ Change ☐ Addition
22 NAME
23 STREET ADDRESS 1555 South Blvd
24 CITY-ST-ZIP
31 TITLE ☒ Change ☐ Addition
32 NAME
33 STREET ADDRESS 1850 Laster Rd.
34 CITY-ST-ZIP
41 TITLE ☒ Change ☐ Addition
42 NAME
43 STREET ADDRESS 1839 Sweet Bay Rd.
44 CITY-ST-ZIP
51 TITLE ☒ Change ☐ Addition
52 NAME
53 STREET ADDRESS 1555 South Blvd
54 CITY-ST-ZIP
61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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: James L. Trawick, Jr. - President

1/23/97

904-638-0429

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)