


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

FILED
Feb 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 P.O. BOX 1037, 1555 S. BLVD. CHIPLEY FL 32428 US	Mailing Address P.O. BOX 1037 CHIPLEY FL 32428 US
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 09/23/1960	
25		30		4. FEI Number 59-0907078	
25		30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		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	

9. Name and Address of Current Registered Agent TRAWICK, JAMES L., JR. 1555 SOUTH BLVD. 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 85 Zip Code FL	
---	--	--	--

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	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	1550 SOUTH BLVD.	1.3 STREET ADDRESS	1555 SOUTH BLVD.
CITY-ST-ZIP	CHIPLEY FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	2.2 NAME
STREET ADDRESS	TRAWICK, JAMES L.	2.3 STREET ADDRESS	
CITY-ST-ZIP	1555 SOUTH BLVD.	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	3.2 NAME
STREET ADDRESS	TRAWICK, KENNETH W.	3.3 STREET ADDRESS	
CITY-ST-ZIP	1850 LASTER RD	3.4 CITY-ST-ZIP	
TITLE	VPD	4.1 TITLE	4.2 NAME
STREET ADDRESS	TRAWICK, P. CARLOS	4.3 STREET ADDRESS	
CITY-ST-ZIP	1839 SWEET BAY RD.	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	5.2 NAME
STREET ADDRESS	TRAWICK, EMMA O.	5.3 STREET ADDRESS	
CITY-ST-ZIP	1555 SOUTH BLVD.	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	6.2 NAME
STREET ADDRESS		6.3 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)(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 _____

CR2E034 (10/97)