

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90110 025 ***150.00

DOCUMENT # 240496

1. Entity Name

TRAWICK CONSTRUCTION COMPANY, INC.

Principal Place of Business

**1555 SOUTH BLVD.
 CHIPLEY FL 32428
 US**

Mailing Address

**P.O. BOX 1037
 CHIPLEY FL 32428
 US**

729876



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-0907078**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CAPITOL CORPORATE SERVICES, INC.
 1333 NORTH DUVAL STREET
 TALLAHASSEE FL 32303**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **TRAWICK, JAMES J**
 STREET ADDRESS **1693 HWY 277**
 CITY-ST-ZIP **CHIPLEY FL 32428**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **CEO**
 STREET ADDRESS **TRAWICK, JAMES L.**
 CITY-ST-ZIP **1555 SOUTH BLVD.
 CHIPLEY FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **TRAWICK, KENNETH W.**
 CITY-ST-ZIP **1850 LASTER RD
 CHIPLEY FL**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **TRAWICK, P. CARLOS**
 CITY-ST-ZIP **1839 SWEET BAY RD.
 CHIPLEY FL**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **VST**
 STREET ADDRESS **FLOYD, JENEE T**
 CITY-ST-ZIP **1902 LIMESTONE LN
 CHIPLEY FL**

TITLE ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **TRAWICK, DOUGLAS H**
 CITY-ST-ZIP **620 CANDY KITCHEN RD
 CHIPLEY FL 32428**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry A. Hinson

3/6/01

Date

850-638-0429

Daytime Phone #

CR2E034 (10/00)

0464751