

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jul 01 1996 8:00 am
Secretary of State

DOCUMENT # 290235 (1)

1. Corporation Name

TRAMAN CORPORATION

Principal Place of Business

1000 WEST BEACON ROAD
LAKELAND FL 33803

Mailing Address

1000 WEST BEACON ROAD
LAKELAND FL 33803



3. Date Incorporated or Qualified
02/24/1965

3a. Date of Last Report
08/15/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1085668

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARTMAN, ROBERT H
4105 KNIGHTS GRIFFIN ROAD
PLANT CITY FL 33566

81 Name

Gretchen L. Artman

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

6787 Trails Ridge Drive

83

84 City

Lakeland,

FL

85 Zip Code

33813

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 Gretchen L. Artman, President *Gretchen L. Artman*

June 20, 1996

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME ARTMAN, R H
STREET ADDRESS 4105 E KNIGHTS GRIFFIN
CITY-ST-ZIP PLANT CITY FL

1.1 TITLE PDS ☒ Change ☐ Addition
1.2 NAME Gretchen L. Artman
1.3 STREET ADDRESS 6787 Trails Ridge Drive
1.4 CITY-ST-ZIP Lakeland, FL 33813

TITLE DS ☒ DELETE
NAME ARTMAN, GRETCHEN
STREET ADDRESS 4105 E KNIGHTS GRIFFIN
CITY-ST-ZIP PLANT CITY FL

2.1 TITLE V ☐ Change ☒ Addition
2.2 NAME Stephen H. Artman
2.3 STREET ADDRESS 6321 Fern Lane
2.4 CITY-ST-ZIP Lakeland, Florida 33813

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE T ☐ Change ☒ Addition
3.2 NAME Stuart D. Artman
3.3 STREET ADDRESS 530 Bonnie Drive
3.4 CITY-ST-ZIP Lakeland, Florida 33803

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: Gretchen L. Artman, President *Gretchen L. Artman* June 20, 1996 (941) 688-8937

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone

CR2E034 (3/96)