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Jan 17 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 # 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 33803-2704

3. Date Incorporated or Qualified 02/24/1965  
3a. Date of Last Report 07/01/1996

2. Principal Place of Business  
21 6787 Trail Ridge Dr.  
Suite, Apt. #, etc.  
22 Lakeland, FL  
City & State  
23  
Zip 33813 Country POL  
24  
25  
26 P.O. Box 1658  
Suite, Apt. #, etc.  
27 Highland City, FL  
City & State  
28  
Zip 33846 Country POL  
29  
30

4. FEI Number 59-1085668  
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  
ARTMAN, GRETCHEN L  
6787 TRAILS RIDGE DRIVE  
LAKELAND FL 33813

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 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE PDS  
NAME ARTMAN, GRETCHEN L  
STREET ADDRESS 6787 TRAILS RIDGE DRIVE  
CITY - ST - ZIP LAKELAND FL  
TITLE V  
NAME ARTMAN, STEPHEN H  
STREET ADDRESS 6321 FERN LANE  
CITY - ST - ZIP LAKELAND FL  
TITLE T  
NAME ARTMAN, STUART D  
STREET ADDRESS 530 BONNIE DR  
CITY - ST - ZIP LAKELAND FL  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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: Gretchen L. Artman (Gretchen L. Artman) 01/08/97 (941) 761-0802  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)