

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

FILED  
Feb 20 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 # 290235 (1)  
1. Corporation Name  
TRAMAN CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6787 TRAIL RIDGE DRIVE LAKELAND FL 33813 US		Mailing Address PO BOX 1658 HIGHLAND CITY FL 33846 US	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25	Country	30	Country
3. Date Incorporated or Qualified 02/24/1965		4. FEI Number 59-1085668	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. 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		\$5.00 May Be Added to Fees	

g. 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	
85		86 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDS	1.1 TITLE	Director
NAME	ARTMAN, GRETCHEN L	1.2 NAME	Meradith Artman Knowles
STREET ADDRESS	6787 TRAILS RIDGE DRIVE	1.3 STREET ADDRESS	133 Shadow Lane
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	Lakeland, FL. 33813
TITLE	V	2.1 TITLE	Director
NAME	ARTMAN, STEPHEN H	2.2 NAME	Spencer Q. Artman
STREET ADDRESS	6321 FERN LANE	2.3 STREET ADDRESS	3520 Kelburn Drive
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	Fayetteville, N.C. 28311
TITLE	T	3.1 TITLE	Director
NAME	ARTMAN, STUART D	3.2 NAME	Sanford P. Artman
STREET ADDRESS	530 BONNIE DR	3.3 STREET ADDRESS	1816 Oak Lawn
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	Mena, Arkansas 71953
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		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:

2-17-98 / 9417109-5252

CR2E034 (10/97)