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Feb 18, 1999 8:00am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 290235

1. Corporation Name

TRAMAN CORPORATION

Principal Place of Business

6787 TRAIL RIDGE DRIVE
LAKELAND FL 33813
US

Mailing Address

PO BOX 1658
HIGHLAND CITY FL 33846
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/24/1965

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 owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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 ☐ DELETE

NAME ARTMAN, GRETCHEN L
STREET ADDRESS 6787 TRAILS RIDGE DRIVE
CITY-ST-ZIP LAKELAND FL

TITLE V ☐ DELETE

NAME ARTMAN, STEPHEN H
STREET ADDRESS 6321 FERN LANE
CITY-ST-ZIP LAKELAND FL

TITLE T ☐ DELETE

NAME ARTMAN, STUART D
STREET ADDRESS 530 BONNIE DR
CITY-ST-ZIP LAKELAND FL

TITLE D ☐ DELETE

NAME KNOWLES, MEREDITH A
STREET ADDRESS 133 SHADOW LANE
CITY-ST-ZIP LAKELAND FL 33813

TITLE D ☐ DELETE

NAME ARTMAN, SPENCER
STREET ADDRESS 3520 KELBURN DR
CITY-ST-ZIP FAYETTEVILLE NC 28311

TITLE D ☐ DELETE

NAME ARTMAN, SANFORD P
STREET ADDRESS 1816 OAK LANE
CITY-ST-ZIP MERR AR 71953

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE: Gretchen L. Artman (Gretchen L. Artman) Pres. 01/27/99 (941) 644-736

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)