1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 482709

1. Corporation Name

BRUNSON-TRAWICK, INC.

Principal Place	e of Business	Mailing Address			\$11 2	OTRIS MIRIT MINIS I	01011 01011 1001	
120 SUNNYTOWN RD 120 SUNNYTO		120 SUNNYTOWN RD CASSELBERRY FL 32707 US			DO NOT WRITE IN THIS SPACE			
I				3. Date Incorporate	ed or Qualifed			
				08/12/1975				
·	lace of Business	2a. Mailing Address		4. FEI Number			oplied For	
21				59-1615314			ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Sta	tus Desired		Additional equired	
City & State	e	City & State		6. Election Campai	ign Financing	\$5.00	May Be	
23		28		Trust Fund Cont	ribution	Added	to Fees	
Zip	Country	Zip .	Country	8. This corporation	owes the current year In		_	
24	25	29 30	<u>)</u>	Personal Proper	<u> </u>	☐ Yes	X3No	
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
*D4\	ANON DENIALMS E		81 Name					
TRAWICK, BENJAMIN E			82 Street	Address (P.O. Box Number	is Not Acceptable)			
4237 CHAMBERS ST				<u>602 SHIPROCK</u>	COURT_	•		
	K IN WATER HTS		83	ı			ŀ	
LAKE	E WALES FL 33853		84 City			85 Zip	Code	
				ELTONA	Ft		Code 2738	
l office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligations.	of Florida. Such change was auth	orized by the corp	corporation submits this sta oration's board of directors.	I nereby accept the appo	f changing its intment as re	registered egistered	
l office or n	egistered agent, or both, in the State on m familiar with, and accept the obligation	of Florida. Such change was auth Jions of, Section 607.0505, Florida	orized by the corp a Statutes.	oration's board of directors.	i nereby accept the appo	f changing its intment as re	registered egistered	
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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 or an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

4-26-99

407-261-0355

Addition

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90116 017 ***150.00