SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $225 (IF DISSOLVED, [illegible] AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 JUL 11 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000060727 (2)**

1. Corporation Name
TRAWYN CORPORATION

Principal Place of Business	Mailing Address
15512 N.W. 82ND PLACE MIAMI FL 33016	15512 N.W. 82ND PLACE MIAMI FL 33016

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/12/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 5110 NORMANDY BOULEVARD
22: Suite, Apt. #, etc.
23: City & State: JACKSONVILLE, FLORIDA
24: Zip: 32205
25: Country: USA

2a. Mailing Address
26: 5110 NORMANDY BOULEVARD
27: Suite, Apt. #, etc.
28: City & State: JACKSONVILLE, FLORIDA
29: Zip: 32205
30: Country: USA

4. FEI Number: 65-0510994 ☐ 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

DOUGLAS, TRACEY
15512 N.W. 82ND PLACE
MIAMI FL 33016

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	DOUGLAS, TRACEY	1.2 NAME		
STREET ADDRESS	15512 N.W. 82ND PLACE	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33016	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	OFFICER, DELETED	☒ Change ☐ Addition
NAME	SAWYER, GEORGE	2.2 NAME		
STREET ADDRESS	3000 FORD ROAD	2.3 STREET ADDRESS		
CITY-ST-ZIP	BRISTOL PA 19007	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	DOUGLAS, THEODORE R	3.2 NAME		
STREET ADDRESS	9725 DEVONSHIRE BLVD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32208	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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: Tracey D Douglas TRACEY D. DOUGLAS 6/25/95 (904) 781-0302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

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