

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2001 8:00 am
Secretary of State

07-24-2001 90017 020 ***550.00

DOCUMENT # P96000016106

1. Entity Name
COMMUNICATION MANPOWER, INC.

Principal Place of Business
1555 SOUTH BLVD
CHIPLEY FL 32428

Mailing Address
P.O. BOX 1037
CHIPLEY FL 32428

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3371172**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLOYD, JENEE
1555 SOUTH BLVD
CHIPLEY FL 32428

Capitol Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)

1333 North Duval Street

Tallahassee

FL

Zip Code
32303

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Delanie Case, Delanie Case asst. sec.

8-27-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **CEO** ☐ Delete
 NAME **TRAWICK, JAMES L JR**
 STREET ADDRESS **1340 PINEY GROVE ROAD**
 CITY-ST-ZIP **CHIPLEY FL 32428**

TITLE **P** ☐ Delete
 NAME **TRAWICK, JAMES J**
 STREET ADDRESS **1693 HWY 277**
 CITY-ST-ZIP **CHIPLEY FL 32428**

TITLE **VPST** ☒ Delete
 NAME **FLOYD, JENEE T**
 STREET ADDRESS **1902 LIMESTONE LANE**
 CITY-ST-ZIP **CHIPLEY FL 32428**

TITLE **VP** ☐ Delete
 NAME **TRAWICK, CARLOS P**
 STREET ADDRESS **1839 SWEET BAY ROAD**
 CITY-ST-ZIP **CHIPLEY FL 32428**

TITLE **VP** ☒ Delete
 NAME **TRAWICK, KENNETH W**
 STREET ADDRESS **1850 LASTER ROAD**
 CITY-ST-ZIP **CHIPLEY FL 32428**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **VP-Finance**
 STREET ADDRESS **Larry Hinson**
 CITY-ST-ZIP **718 5th Street**
Chipley, FL 32428

TITLE ☒ Change ☐ Addition
 NAME **Executive Vice Pres**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **Executive Vice Pres**
 STREET ADDRESS **Doug Trawick**
 CITY-ST-ZIP **620 Candy Kitchen Rd**
Chipley, FL 32428

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

James L Trawick, Pres

7/10/01

850-638-0429

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)