

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90006 006 ***150.00

DOCUMENT # P97000014681

1. Corporation Name

TRAWICK TILE, INC.

Principal Place of Business

Mailing Address

4090 ST RD 200
SUITE A+B
FERNANDINA, FL 32034

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

1995

2. Principal Place of Business

2a. Mailing Address

21 4090 ST RD 200
Suite, Apt. #, etc.

26 4090 ST RD 200
Suite, Apt. #, etc.

4. FEI Number

59-3430170

Applied For

Not Applicable

22 SUITE A+B

27 SUITE A+B

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 FERNANDINA, FL

28 FERNANDINA, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 32034 25 USA

29 32034 30 USA

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

MATTHEW D. TRAWICK
2650 RACHAEL AVE.
FERNANDINA BEACH, FL 32034

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

MATT TRAWICK / PRESIDENT

4/6/99

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 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME MATTHEW TRAWICK

1.2 NAME

STREET ADDRESS 2650 RACHAEL AVE

1.3 STREET ADDRESS

CITY-ST-ZIP FERNANDINA BEACH, FL 32034

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME PATRICIA TRAWICK

2.2 NAME

STREET ADDRESS 2650 RACHAEL AVE

2.3 STREET ADDRESS

CITY-ST-ZIP FERNANDINA BEACH, FL 32034

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY-ST-ZIP

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.5 TITLE ☐ Change ☐ Addition

NAME

6.6 NAME

STREET ADDRESS

6.7 STREET ADDRESS

CITY-ST-ZIP

6.8 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MATT TRAWICK

Date

4/6/99

Daytime Phone #

904 261 9703

CR2E034 (11/98)