

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90137 044 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000093178

1. Corporation Name
TRAMAC, INC.



Principal Place of Business 421 NORTH OSCEOLA AVENUE SUITE 300 CLEARWATER FL 33755	Mailing Address 121 NORTH OSCEOLA AVENUE SUITE 300 CLEARWATER FL 33755
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1827 Industrial Blvd. Suits, Apt. #, etc. 22 City & State 23 Tarpon Springs, FL Zip Country 24 34689 25 Pinellas		2a. Mailing Address 26 1827 Industrial Blvd. Suite, Apt. #, etc. 27 City & State 28 Tarpon Springs, FL Zip Country 29 34689 30 Pinellas		3. Date Incorporated or Qualified 10/30/1997	4. FEI Number 59-3482387	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees		
8. This corporation owes the current year Intangible Personal Property Tax.		<input type="checkbox"/> Yes <input type="checkbox"/> No				

9. Name and Address of Current Registered Agent LOGAN, FRANK C. 421 NORTH OSCEOLA AVENUE SUITE 300 CLEARWATER FL 33755				10. Name and Address of New Registered Agent			
81 Name D. Travis MacGregor		82 Street Address (P.O. Box Number is Not Acceptable) 1827 Industrial Blvd.		83 City Tarpon Springs		84 Zip Code FL 34689	

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 PD	<input type="checkbox"/> DELETE	1.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME D TRAVIS MACGREGOR		1.2 NAME D. Travis MacGregor	
STREET ADDRESS 421 NORTH OSCEOLA AVENUE SUITE 300		1.3 STREET ADDRESS 1827 Industrial Blvd.	
CITY-ST-ZIP CLEARWATER FL 33755		1.4 CITY-ST-ZIP Tarpon Springs, FL 34689	
TITLE VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PAGAN, LOUISE		2.2 NAME Jill MacGregor	
STREET ADDRESS 421 NORTH OSCEOLA AVENUE SUITE 300		2.3 STREET ADDRESS 1827 Industrial Blvd.	
CITY-ST-ZIP CLEARWATER FL 33755		2.4 CITY-ST-ZIP Tarpon Springs, FL 34689	
TITLE STD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JILL N MACGREGOR		3.2 NAME	
STREET ADDRESS 421 NORTH OSCEOLA AVENUE SUITE 300		3.3 STREET ADDRESS	
CITY-ST-ZIP CLEARWATER FL 33755		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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: _____ DATE: 4/19/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 D. Travis MacGregor

CR2E034 (1/1998)