

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

DOCUMENT # P98000083555

1. Corporation Name

TRAMAR, INC.

Principal Place of Business

1394 COMMERCIAL WAY  
SPRING HILL, FLORIDA  
34606

Mailing Address

1394 COMMERCIAL WAY  
SPRING HILL, FLORIDA  
34606

2. Principal Place of Business

21 WOSO APPEGATE DRIVE  
Suite, Apt. #, etc.

2a. Mailing Address

26 WOSO APPEGATE DRIVE  
Suite, Apt. #, etc.

City & State

23 SPRING HILL, FLORIDA

City & State

28 SPRING HILL, FLORIDA

Zip

24 34606 25 U.S.A.

Zip

29 34606 30 U.S.A.

9. Name and Address of Current Registered Agent

MARTIN MCNIFF  
1394 COMMERCIAL WAY  
SPRING HILL, FLORIDA 34606

REINSTATEMENT 99

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

9-28-98

SP

4. FEI Number

59-3534862

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 owes the current year intangible  
Personal Property Tax.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

MARTIN MCNIFF

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

WOSO APPEGATE DRIVE

83

84 City

SPRING HILL

FL

85 Zip Code

34606

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

*Martin McNiff*

(NOTE: Registered Agent signature required when reinstating)

12-8-99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

PRESIDENT

MARTIN MCNIFF

WOSO APPEGATE DRIVE

SPRING HILL, FLORIDA 34606

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

SECRETARY/TREASURER

GINA MCNIFF

WOSO APPEGATE DRIVE

SPRING HILL, FLORIDA 34606

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

100003071421--5

-12/15/99--01076--009

\*\*\*\*750.00 \*\*\*\*750.00

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(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:

*Martin McNiff*

12-8-99

Date

Daytime Phone #

CR2E034 (1/98)