

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000077026

**Entity Name:** REMADE BY HAND, INC.

**Current Principal Place of Business:**

173 MCCALLISTER ROAD  
CRAWFORDVILLE, FL 32327

**Current Mailing Address:**

173 MCCALLISTER ROAD  
CRAWFORDVILLE, FL 32327 US

**FEI Number:** 82-2891352

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FRALICK, TROY L  
2632 NEUCHATEL DRIVE  
TALLAHASSEE, FL 32303 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title           PTD  
Name           FRALICK, TROY L  
Address        2632 NEUCHATEL DRIVE  
City-State-Zip: TALLAHASSEE FL 32303

Title           VSD  
Name           MANKIN, MICHAEL D  
Address        130 LANCE LANE  
City-State-Zip: CRAWFORDVILLE FL 32327

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** TROY L FRALICK

**PRESIDENT**

**04/22/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date