

1.) CORPORATION NAME:

**TRAWICK CONSTRUCTION COMPANY, INC.**

DUE DATE: **8/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
Bank of America Center, 16th Floor  
1111 East Main Street**

SCC ID NO: **F1436270**

**RICHMOND, VA 23219**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**FL**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1555 SOUTH BLVD

CITY/ST/ZIP: CHIPLEY, FL 32428

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	DOUGLAS H TRAWICK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1555 SOUTH BLVD		
CITY/ST/ZIP/CO:	CHIPLEY, FL 32428		

NAME:	JACK COMMANDER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1555 SOUTH BLVD		
CITY/ST/ZIP/CO:	CHIPLEY, FL 32428		

NAME:	WILLIAM HAROLD KILLIAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1555 SOUTH BLVD		
CITY/ST/ZIP/CO:	CHIPLEY, FL 32428		

NAME:	RANDY PETTIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1555 SOUTH BLVD		
CITY/ST/ZIP/CO:	CHIPLEY, FL 32428		

NAME:	MATTHEW TRAWICK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1555 SOUTH BLVD		
CITY/ST/ZIP/CO:	CHIPLEY, FL 32428		

NAME:	THOMAS F WILLIAMS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1555 SOUTH BLVD		
CITY/ST/ZIP/CO:	CHIPLEY, FL 32428		

NAME: LARRY A. HINSON TITLE: CFO/SECRETARY ADDRESS: 1555 SOUTH BLVD CITY/ST/ZIP/CO: CHIPLEY, FL 32428	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: PETER B. O'BRIEN TITLE: VP/AS ADDRESS: 2800 POST OAK BLVD STE 2600 CITY/ST/ZIP/CO: HOUSTON, TX 77056	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JAMES H. HADDOX TITLE: VP/AS ADDRESS: 2800 POST OAK BLVD STE 2600 CITY/ST/ZIP/CO: HOUSTON, TX 77056	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ PETER B. O'BRIEN	PETER B. O'BRIEN, VP/AS	8/9/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		