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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: LARRY THACKER CONSTRUCTION INC (Name of corporation - must include suffix)
(Name of corporation - must include suffix)
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
LARRY THACKER
IName of Persons
LARRY THACKER CONSTRUCTION INC
(Firm/Company)
6676 VICTORY DRIVE
LARRY THACKER CONSTRUCTION, INC. (Firm/Company) 6676 VICTORY DRIVE (Address) ACWORTH GA 30102
(City/State and Zip code)
For further information concerning this matter, please call:
<u>Diane Roberge</u> at (170)517-9979 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: MAILING ADDRESS:
New Filing Section New Filing Section
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32314
Tallahassee, FL 32301
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$\sum \\$78.75 Filing Fee & \$\sum \\$78.75 Filing Fee & \$\sum \\$87.50 Filing Fee, Certificate of Status & Certified Copy Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA REGISTER A FOREIGN CORPORATION TO TRANSAC	STATUTES, THE FOLLOWING IS SUBMITTED TO TRUSINESS IN THE STATE OF FLORIDA.
	TRUCTION, INC TO TO
(Enter name of corporation; must include "INCORPORATE" "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	ED," "COMPANY," "CORPORATION,"
LARRY THACKER CONSTR	TRUCTION INC SOME STATE OF FLORIDA. SO STRUCTION INC SO SOME SOUTH OF THE STATE OF FLORIDA. SO STRUCTION," SOUTH OF THE STATE OF FLORIDA. SO STRUCTION INC SOUTH OF THE STATE OF FLORIDA. SO STRUCT OF THE STATE OF T
(If name unavailable in Florida, enter alternate corporate na	me adopted for the purpose of transacting business in Floring
2. (TEORGIA	3. <u>59-3457605</u>
(State or country under the law of which it is incorporated)	(FEI number, if applicable)
4. 11/06/2002	5. PERPETUAL
(Date of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6	
(SEE SECTIONS 607.1501 & 607	ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)
- 6676 1/0 TA DU DADA	IE ACCORPTH (TA 3NOZ
7. CC/CV/C/C/C/C/C/C/V/C/V/V/V/V/V/V/V/V/V	address)
6676 VICTORY DRI	VE ACWORTH, GA 30102 VE ACWORTH, GA 30102
(Current mailing a	address)
8. Construction	
8. (Purpose(s) of corporation authorized in home state or	r country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (
Name: LARRY THACKER	
Office Address: 1806 WEAKFISH W	/AV_
PANAMA CITY BEACH	Florida 32408
(City)	(Zip code)
10. Registered agent's acceptance:	
Having been named as registered agent and to accept se	rvice of process for the above stated corporation at the place
designated in this application, I hereby accept the appoin further agree to comply with the provisions of all statute	ntment as registered agent and agree to act in this capacity. It is relative to the proper and complete performance of my duties,
and I am familiar with and accept the obligations of my	
3 B 2	and a second
(Registered agent's signatu	rre)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS	
Chairman:	
Address:	
E B	2
Vice Chairman:	7
Address:	2
	Q.
Director	, 0
Director;	
Address;	
	
Director;	
Address:	
B. OFFICERS	
President: KARRY / MACKER	
Address: 1806 WEAKFISH WAY	
President: <u>LARRY THACKER</u> Address: <u>1806 WEAKFISH WAY</u> PANAMA Cray BEACH FL 32408	
Vice President:	
Address:	
Secretary: ANSELL MAUND	
Address: PO BOX 635 BLUE RIDGE GAD 30513	
Freasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
13	
(Signature of Director or Officer listed in number 12 of the application)	
4. LARRY B. THACKER, PRESIDENT	
(Typed or printed name and capacity of person signing application)	

Secretary of State Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

OF FEBRUARY OF THE PARTY OF THE CONTROL NUMBER : 0256341 DATE INC/AUTH/FILED: 11/06/2002 JURISDICTION : GEORGIA : 02/14/2006 PRINT DATE

FORM NUMBER

LARRY THACKER CONSTRUCTION, INC LARRY THACKER 6676 VICTORY DRIVE ACWORTH, GA 30102

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of S tate of Georgia, do hereby certify under the seal of my office int date

CONSTRUCTION

is in compliance with the egistration provisions of Title 14 of the Official Code of Georgia Annotated

stated above or was authorized to date and has hot filed articles of any other similar document with the Said entity was formed in the jurisdiction transact business in Georgia on the labove dissolution, certificate of cancellation or Office of the Sect

This certificate relates of as of the print date above ace of the above-named entity It does whether or not a notice of a statement of commencement intent to dissolve an applica document has been filed or is pending with of winding up or any similar the Secretary of State

This information is issued and certified in accordance with the Georgia Electropic Records and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

20060214195013109



Cathy Cox Secretary of State