

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90020 049 \*\*\*158.75

**DOCUMENT # J24487**

1. Entity Name  
**SPECIALTY CONTRACTORS OF TALLAHASSEE, INC.**



Principal Place of Business  
**444 F.A.M.U. WAY  
TALLAHASSEE, FL 32301**

Mailing Address  
**444 F.A.M.U. WAY  
TALLAHASSEE, FL 32301**

00000000



03182008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2712699**

|                |
|----------------|
| Applied For    |
| Not Applicable |

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CLARK, WALTER H  
3608 NORTH MERIDAN ROAD  
TALLAHASSEE, FL 32312**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | PT<br>CLARK, WALTER H.<br>444 F.A.M.U. WAY<br>TALLAHASSEE, FL 32301 |
|--|---|

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | S<br>CLARK, DEBORAH J.<br>444 F.A.M.U. WAY<br>TALLAHASSEE, FL 32301 |
|--|---|

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |  |
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|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |  |
|--|--|

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-16-06**


Date

**850-576-0169**

Daytime Phone #

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

3/6/2006-90020-049-\$158.75-\$158.75

|   |   |
|---|---|
| <b>DOCUMENT # J24487</b><br>1. Entity Name<br><b>SPECIALTY CONTRACTORS OF TALLAHASSEE, INC.</b> |  |
|---|---|

|  |  |
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| Principal Place of Business<br><b>444 F.A.M.U. WAY<br/>TALLAHASSEE, FL 32301</b> | Mailing Address<br><b>444 F.A.M.U. WAY<br/>TALLAHASSEE, FL 32301</b> |
|--|--|

**DO NOT WRITE IN THIS SPACE**

**ATTACHMENT**

*66005893*



02162006 No Chg-P CR2E034 (11/05)

|   |  |
|---|--|
| 4. FEI Number<br><b>58-2712699</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required               |

6. Name and Address of Current Registered Agent  
  
**CLARK, WALTER H  
3608 NORTH MERIDAN ROAD  
TALLAHASSEE, FL 32312**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Walter H. Clark* WALTER H. CLARK PRES 2-22-06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstated) DATE

|   |   |
|---|---|
| <b>FILE NOW! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
|---|---|

10. OFFICERS AND DIRECTORS

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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PT<br>CLARK, WALTER H.<br>444 F.A.M.U. WAY<br>TALLAHASSEE, FL 32301 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | S<br>CLARK, DEBORAH J.<br>444 F.A.M.U. WAY<br>TALLAHASSEE, FL 32301 |
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SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT

66 005893

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 8, 2006

SPECIALTY CONTRACTORS OF TALLAHASSEE, INC.  
444 F.A.M.U. WAY  
TALLAHASSEE, FL 32301

Subject: SPECIALTY CONTRACTORS OF TALLAHASSEE, INC.

Reference Number: J24487

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$158.75; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RM  
ANNUAL REPORTS SECTION