

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# J61601

FILED
Oct 20, 2009
Secretary of State

Entity Name: PETTICOAT CONTRACTING, INC.

Current Principal Place of Business:

11025 BLASIVUS RD.
JACKSONVILLE, FL 32226 US

New Principal Place of Business:

Current Mailing Address:

11025 BLASIVUS RD.
JACKSONVILLE, FL 32226 US

New Mailing Address:

FEI Number: 59-2777438

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES-CARTER, ELAINE
8019 ACORN RIDGE ROAD
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

ROOT, RICK
7545 CENTURION PARKWAY SUITE 301
JACKSONVILLE, FL 32256 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: RICK ROOT

10/20/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: JONES-CARTER, ELAINE E
Address: 8019 ACORN RIDGE ROAD
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: EXVP () Delete
Name: FUNCHES, WILLIAM F
Address: 9127 FORT CAROLINE ROAD
City-St-Zip: JACKSONVILLE, FL 32225

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: FUNCHES, WILLIAM A
Address: 9127 FT. CAROLINE ROAD
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: VP (X) Change () Addition
Name: JONES-CARTER, ELAINE
Address: 8019 ACORN RODGE ROAD
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP () Change (X) Addition
Name: JONES, HAL L JR
Address: 132 NORTH COVE DRIVE
City-St-Zip: PONTE VEDRA, FL 32082

Title: VP () Change (X) Addition
Name: ROOT, RICK
Address: 7545 CENTURION PARKWAY SUITE 301
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: W. A. FUNCHES

PRES

10/20/2009

Electronic Signature of Signing Officer or Director

Date