

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 28 AM 7:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N50666 (9)**

1. Corporation Name  
**FLORIDA ASSOCIATED GENERAL CONTRACTORS FOR BETTE  
R GOVERNMENT, INC.**

Principal Place of Business Mailing Address  
**322 BEARD STREET TALLAHASSEE FL 32303**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/01/1992** 3a. Date of Last Report **05/01/1984**  
4. FEI Number **NOT APPLICABLE** Applied For  Not Applicable   
5. Certificate of Status Desired  **\$8.75** Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75** Supplemental Fee Not Required

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country **United States** 25 Country **United States** 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**WOODALL, MARK S  
322 BEARD STREET  
TALLAHASSEE FL 32303**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	<b>DST</b>
NAME	<b>WOODALL, MARK S.</b>
STREET ADDRESS	<b>322 BEARD STREET</b>
CITY - ST - ZIP	<b>TALLAHASSEE FL</b>
TITLE	<b>PO</b>
NAME	<b>GAMBELL, CALVIN</b>
STREET ADDRESS	<b>3800 INVESTMENT LANE #104</b>
CITY - ST - ZIP	<b>W. PALM BEACH FL</b>
TITLE	<b>VO</b>
NAME	<b>BUSEK, JOE</b>
STREET ADDRESS	<b>5401 CORPORATE WOODS.</b>
CITY - ST - ZIP	<b>PENSACOLA FL</b>
TITLE	<b>D</b>
NAME	<b>HENDERSON, BARKLEY</b>
STREET ADDRESS	<b>2817 AUSTRALIAN AVE</b>
CITY - ST - ZIP	<b>WEST PALM BEACH FL</b>
TITLE	<b>D</b>
NAME	<b>DUNHAM, MICHAEL T</b>
STREET ADDRESS	<b>2144 ROSELLE STREET</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>D</b>
NAME	<b>GERESCHER, MICHAEL</b>
STREET ADDRESS	<b>201 F STREET</b>
CITY - ST - ZIP	<b>PENSACOLA FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>Alfred, Barry</b>
23 STREET ADDRESS	<b>4501 Beverly Avenue</b>
24 CITY - ST - ZIP	<b>Jacksonville, FL 32210</b>
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>Roepnack, Bob</b>
33 STREET ADDRESS	<b>400 East Atlantic Blvd.</b>
34 CITY - ST - ZIP	<b>Fernand Beach, FL 33060</b>
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	<b>200001474912</b>
51 TITLE	<b>05/04795--01003ump0102</b> Addition
52 NAME	<b>***130.00 ***130.00</b>
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mark S. Woodall 4/27/95 (204) 222-2421  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR