

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

322 BEARD STREET
TALLAHASSEE FL 32303

3. Date Incorporated or Qualified

09/01/1992

3a. Date of Last Report

04/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOODALL, MARK S
322 BEARD STREET
TALLAHASSEE FL 32303

81 Name

CLAY MCCULLOH

82 Street Address (P.O. Box Number is Not Acceptable)

322 BEARD ST.

83

TALLAHASSEE FL 32303

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.1502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Clay McCulloh CLAY MCCULLOH

1/25/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DST
NAME WOODALL, MARK S.
STREET ADDRESS 322 BEARD STREET
CITY-STATE-ZIP TALLAHASSEE FL

11 TITLE DST
12 NAME CLAY MCCULLOH
13 STREET ADDRESS 4509 GEORGE ROAD
14 CITY-STATE-ZIP TAMPA FL 33634

TITLE PD
NAME ALLRED, BARRY
STREET ADDRESS 4501 BEVERLY AVENUE
CITY-STATE-ZIP JACKSONVILLE FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

TITLE VD
NAME ROEPNACK, BOB
STREET ADDRESS 400 EAST ATLANTIC BLVD
CITY-STATE-ZIP POMPANO BEACH FL

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

TITLE D
NAME HENDERSON, BARKLEY
STREET ADDRESS 2617 AUSTRALIAN AVE
CITY-STATE-ZIP WEST PALM BEACH FL

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

TITLE D
NAME DUNHAM, MICHAEL T
STREET ADDRESS 2144 ROSELLE STREET
CITY-STATE-ZIP JACKSONVILLE FL

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

TITLE D
NAME GERESCHER, MICHAEL
STREET ADDRESS 201 F STREET
CITY-STATE-ZIP PENSACOLA FL

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-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, on this attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Clay McCulloh CLAY MCCULLOH

DATE

DAYTIME PHONE #

1/25/96 813-888-6627

CR2E037 (12/95)