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FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 32303-6228

3. Date Incorporated or Qualified 09/01/1992 3a. Date of Last Report 02/11/1996

2. Principal Place of Business 2a. Mailing Address
21 215 S. Monroe St. 26 PO Box 10569
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite 500 27
City & State City & State
23 Tallahassee, FL 28 Tallahassee, FL
Zip Country Zip Country
24 32301 25 US 29 32302 30 US

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

9. Name and Address of Current Registered Agent
MCCULLOH, CLAY
322 BEARD STREET
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent
81 Name Arch McLean
82 Street Address (P.O. Box Number is Not Acceptable) 215 S. Monroe St., Suite 500
83
84 City Tallahassee FL 85 Zip Code 32301

11. Pursuant to the provisions of Sections 617.0502 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 *Arch McLean* ARCH MCLEAN TREASURER 5/14/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	MCCULLOH, CLAY	
STREET ADDRESS	4509 GEORGE ROAD	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ALLRED, BARRY	
STREET ADDRESS	4501 BEVERLY AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ROEPNACK, BOB	
STREET ADDRESS	400 EAST ATLANTIC BLVD	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HENDERSON, BARKLEY	
STREET ADDRESS	2617 AUSTRALIAN AVE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DUNHAM, MICHAEL T	
STREET ADDRESS	2144 ROSELLE STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GERESCHER, MICHAEL	
STREET ADDRESS	201 F STREET	
CITY-ST-ZIP	PENSACOLA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Arch McLean	
1.3 STREET ADDRESS	PO Box 10569	N/A
1.4 CITY-ST-ZIP	Tallahassee, FL 32302-2569	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 as charged, or on an attachment with an address.

SIGNATURE: *Arch McLean* ARCH MCLEAN 4/18/97 (904) 222-2421
Signature and typed or printed name of signing officer or director Date Daytime Phone #0007606

CR2E037 (9/96)