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**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N50666

(9)

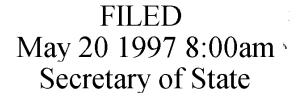
FLORIDA ASSOCIATED GENERAL CONTRACTORS FOR BETTE R GOVERNMENT, INC.

Principal Place of Business

Mailing Address

322 REARN STREET

322 BEARD STREET





| TALLAHASSEE FL 32303   |   | TALLAHASSEE FL 32303-6228  |  |   |  |                              |  |
|--|---|--|--|---|--|------------------------------|--|
|  |   |  |  |   | orporated or Qualified 1/1992            | 3a. Date of t<br>02/11       | _ast Report<br>/1996                                     |
| 2. Principal Pl  | lace of Business  | 2a. Mailing Address  |  | 4. FEI Numb                             | oer                                      |                              | Applied For  |
| 215 S. Monroe St.  |   | 26 PO Box 10569  |  | NOI                                     | APPLICABLE                               |                              | Not Applicable   |
| Suite, Apt. :  | ·   | Suite, Apt. #, etc.  |  | 5. Certificate                          | e of Status Desired                      |                              | .75 Additional   |
|  | e 500   | 27   |  | *************************************** |  | F                            | ee Required  |
| City & State   |   | City & State   |  | 1                                       | Campaign Financing                       |                              | 5. <b>00</b> May Be                                      |
|  | lahassee, FL  | 28 Tallahasse  |  | <del></del>                             | d Contribution                           |                              | dded to Fees   |
| Zip  | Country   | Zip  | Country  |   | oration has liability for i              |                              | der s. 199.032,  |
| 24 3230  | 9. Name and Address of Current  |  | o US   | Florida Si                              | d Address of New Re                      | Yes No                       |  |
|  | 9. Hame and Address of Content  | r negisteren wydelit   | 81 Name  | TO, Harrie an                           | IN WORLAND OF MAN IN                     | GISTOLDO MOON                |  |
| 440011134  | 014 01 414  |  | 1 1  | Arch McL                                | ean                                      |                              |  |
|  | OH, CLAY  |  | 82 Street  | Address (P.O. Box N                     | umber is Not Acceptat                    | ole)                         |  |
|  | RD STREET   |  | ļ  | 215 S. M                                | onroe St.,                               | Suite                        | 500  |
| TALLAHA  | SSEE FL 32303   |  | 83   |   |  |                              |  |
|  |   |  | 84 City  |   |  | 85                           | Zip Code<br>32301  |
|  |   |  |  | <u>Tallahas</u>                         | see                                      | FL "                         | 32301  |
| 11. Pursuant t   | to the provisions of Sections 617.0502<br>egistered eyent, of both, in the State<br>m familial with, and agrant the obliga  | 2 and 617.1508, Florida Statuter<br>of Florida, Such change was au | s, the above-named   | corporation submits                     | this statement for the process I because | ourpose of chang             | ging its registered                                      |
| agent. La  | m familia/ with, and adport the obliga  | itions of, Section 617.0503. Flor                                  | ida Statutes.  |   |  | 7 7                          | on the regionered  |
| SIGNATURE  | WILL MIXION   | ARCH MIC   | LEAN /   | REASURER representations)               |  | 5/14/47                      |  |
|  | Signature, typed or printed name of registered ager   | nt and title if applicable. (NOTE:                                 | Registered Agent signature   | required when reinstating)              |  | DATE                         |  |
| 4.4  |   |  |  |   | OWNER TO OFFIC                           | SCOO ALID DIDE               | OTODO INLAO  |
| 12.  | OFFICERS AND  | DIRECTORS  | 13.  | ADDITION                                | S/CHANGES TO OFFIC                       |                              |  |
| TITLE  | OFFICERS AND  |  | 13.<br>1.1 TITLE   | ADDITION                                |  | CERS AND DIRE                |  |
| TITLE<br>NAME  | OFFICERS AND DST MCCULLOH, CLAY   | DIRECTORS  | 13.<br>1.1 TITLE<br>1.2 NAME   | ADDITION T Arch McL                     | ean ,/                                   | ☐ Cr                         |  |
| TITLE NAME STREET ADDRESS  | OFFICERS AND DST MCCULLOH, CLAY 4509 GEORGE ROAD  | DIRECTORS  | 13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS   | T Arch McL PO Box 1                     | ean<br>0569                              | Cr<br>A                      | nange St Addition  |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP   | OFFICERS AND<br>DST<br>MCCULLOH, CLAY<br>4509 GEORGE ROAD<br>TAMPA FL 33634   | D DIRECTORS  S DELETE  | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP  | ADDITION T Arch McL                     | ean<br>0569                              | □ cr<br><b>4</b><br>302-256  | nange [3] Addition                                       |
| TITLE NAME STREEL ADDRESS CITY-SI-ZIP TITLE  | OFFICERS AND DST MCCULLOH, CLAY 4509 GEORGE ROAD TAMPA FL 33634 PD  | DIRECTORS  | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE  | T Arch McL PO Box 1                     | ean<br>0569                              | Cr<br>A                      | nange [3] Addition                                       |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   | OFFICERS AND DST MCCULLOH, CLAY 4509 GEORGE ROAD TAMPA FL 33634 PD ALLRED, BARRY  | D DIRECTORS  S DELETE  | 13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY_ST-ZIP  2.1 TITLE  2.2 NAME   | T Arch McL PO Box 1                     | ean<br>0569                              | □ cr<br><b>4</b><br>302-256  | nange [3] Addition                                       |
| THILE NAME STREEL ADDRESS CHY-SI-ZIP TITLE   | OFFICERS AND DST MCCULLOH, CLAY 4509 GEORGE ROAD TAMPA FL 33634 PD ALLRED, BARRY 4501 BEVERLY AVENUE  | D DIRECTORS  S DELETE  | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE  | T Arch McL PO Box 1                     | ean<br>0569                              | □ cr<br><b>4</b><br>302-256  | nange [3] Addition                                       |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  | OFFICERS AND DST MCCULLOH, CLAY 4509 GEORGE ROAD TAMPA FL 33634 PD ALLRED, BARRY 4501 BEVERLY AVENUE JACKSONVILLE FL  | D DIRECTORS  (28 DELETE  | 13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  | T Arch McL PO Box 1                     | ean<br>0569                              | □ CF<br>A<br>302-256<br>□ CF | nange Addition  9  Addition                              |
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Information indicated on this annual report or suppliemental 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 23 if changed, or on an attachment with an address.

(904) 222-2421