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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N50666

1. Corporation Name

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

Principal Place of Business

304 N. MERIDIAN ST.
 STE. 1
 TALLAHASSEE FL 32301
 US

Mailing Address

P.O. BOX 10569
 TALLAHASSEE FL 32302
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/01/1992

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOUGLAS, R. ALLEN
 304 N. MERIDIAN ST.
 STE. 1
 TALLAHASSEE FL 32301

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T DELETE

NAME **DOUGLAS, R. ALLEN**
 STREET ADDRESS **304 N. MERIDIAN ST.**
 CITY-ST-ZIP **TALLAHASSEE FL 32301**

1.1 TITLE Change Addition

1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

~~PD~~ DELETE

NAME ~~**VOGEL, DANIEL**~~
 STREET ADDRESS ~~**2720 DRANEFIELD RD.**~~
 CITY-ST-ZIP ~~**LAKELAND FL 33811**~~

2.1 TITLE Change Addition

2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

PD
Jim Rasche
2201 Lucien Way, Ste. 201
Maitland, FL 32751

~~D~~ DELETE

NAME ~~**HENDERSON, BARKLEY**~~
 STREET ADDRESS ~~**2617 AUSTRALIAN AVE**~~
 CITY-ST-ZIP ~~**WEST PALM BEACH FL**~~

3.1 TITLE Change Addition

3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

VD
Dale Hedrick
1100 Technology Pl., Ste 122
West Palm Beach, FL 33407

~~D~~ DELETE

NAME ~~**HALL, STEVAN**~~
 STREET ADDRESS ~~**2144 ROSELLE STREET**~~
 CITY-ST-ZIP ~~**JACKSONVILLE FL 32203**~~

4.1 TITLE Change Addition

4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert Douglas* **Robert Douglas** 4/30/99 850 222 2421
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE037 (11/98)