

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000035246

FILED
Nov 10, 2008
Secretary of State

Entity Name: GOVERNMENTAL CONTRACTORS, INC.

Current Principal Place of Business:

519 W. GAINES ST.
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 7543
TALLAHASSEE, FL 323147543

New Mailing Address:

FEI Number: 73-1636892 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KEN WEBSTER
1014 B CARRIN DR.
TALLAHASSEE, FL 32311 US

Name and Address of New Registered Agent:

KENNETH WEBSTER
1014 B CARRIN DR.
TALLAHASSEE, FL 32311 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KENNETH WEBSTER 11/10/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: BOD () Delete
Name: WEBSTER, ADRIENE
Address: 1014 B CARRIN DR.
City-St-Zip: TALLAHASSEE, FL 32311

Title: VP () Delete
Name: MITCHELL, MICHAEL A
Address: 6190 S.W. 63RD AVE
City-St-Zip: MIAMI, FL 331432142

Title: 2VP (X) Delete
Name: QUARTRESS OF TALLAHA, SSEE
Address: 53 BRIDLE GATE DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327 US

Title: 2VP (X) Delete
Name: NASH-JONES, INC.,
Address: 1159 LANDINGS LOOP
City-St-Zip: TALLAHASSEE, FL 32311

Title: VP () Delete
Name: MCGLOCKTON, LEON
Address: P.O. BOX 7543
City-St-Zip: TALLAHASSEE, FL 32314

Title: BOD () Delete
Name: GREEN, REGINALD
Address: P.O. BOX 7543
City-St-Zip: TALLAHASSEE, FL 32314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH WEBSTER RA 11/10/2008
Electronic Signature of Signing Officer or Director Date